1	FOR STATE REGISTRAL
	1 DECEMENDALA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	5	0	6	1	8	6
	250 NO					

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG.	NO.			
	(TYPE	CEASED NAME OR PRINT)	FIRST	T EI	RNEST		Barre	T JR	20. DATE OF DEATH	3	DAY YEAR - 85	26 HO	5 pm
	3 SE)	ale		4. RACE	ai on	S. DATE O		29	6. AGE (IN YEARS LAST:	BIRTHDAY)	MONTHS DATS	HOURS	MIN.
1				caucas		4	21		55	YRS.	VOLDEATH		
X		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MAR	RRIED -	9 BALTIMORE CITY	OK COUNT	TOFUEAIN		
7		irginia		USA		WIDOWI		RCED X	1 al	boT			MD.
8	Jø CI	as Ton	ATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET.		OR OTHER INSTITU		TYPE OF WORK FOR MOS				
_	POSUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION		ADMISSION	POSPITO		Manager		Acme	SLO	re
4	13a S	-	Talt		Ma Dans		136. INSIDE CITY		13e STREET ADDRES			1016	1 -
1	-	ryland THER'S NAME	Tall	JOL	McDani	rer	YES NOTHER'S M			Hatto	nFarm/	216	4/_
1	) FA	FIRST		WIDDLE	LAST	~	FIRS	T	WIDDLE		[AS		
U		Robert			Barrett	Sr.	Lill			77.00	Tri	ce	
1	()	VAS DECEASED EVER		MED FORCES?  E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT		ADD	P.O.	Box 13	31	
-		NO			213-22-	9869	Robert	D. :	Barrett	Witt	man Mc	1. 2	1676
	TION		/AS CAUSE IMMEDIAT which nediate ig the last.	D BY: E CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)	RAS A CONSEQUE RAS A CONSEQUE ONTRIBUTING TO D	ENCE OF ENCE OF DEATH BUT		387	Mal Disease OR CO		A A		
	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORM	NED	20a AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES ES		
/		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	in -	PF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJUI	RY OCCURR	ED (ENTER NATURE OF IN	IJURY IN ITEM TS	PART   OR PART 2}	ĸ.	
	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE (AT HOME, STI	OF INJURY REET FACTORY, OFFICE F	ARM ETC )	21f LOCATION STREET		CITY OR	TOWN	COUNTY		STATE
		22a   certify that (1) saw the decease above	ed alive an		19	1	DEGREE ATTE	ENDING		AFF \			
1		22d. PHYSICIAN'S NA	AME (TYPEO	PPRINT) Sto	at		22e ADDRESS Easton	rsician [	DIRECTOR PHYS	DICIANCE	17 60	1/	.102
	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	236 1	NAME OF C	EMETERY OR CRE		23d. LOCATION				
		emation		2-4-8					riz Salie	hurn	Wi comi		STATE M.J

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 shows ony

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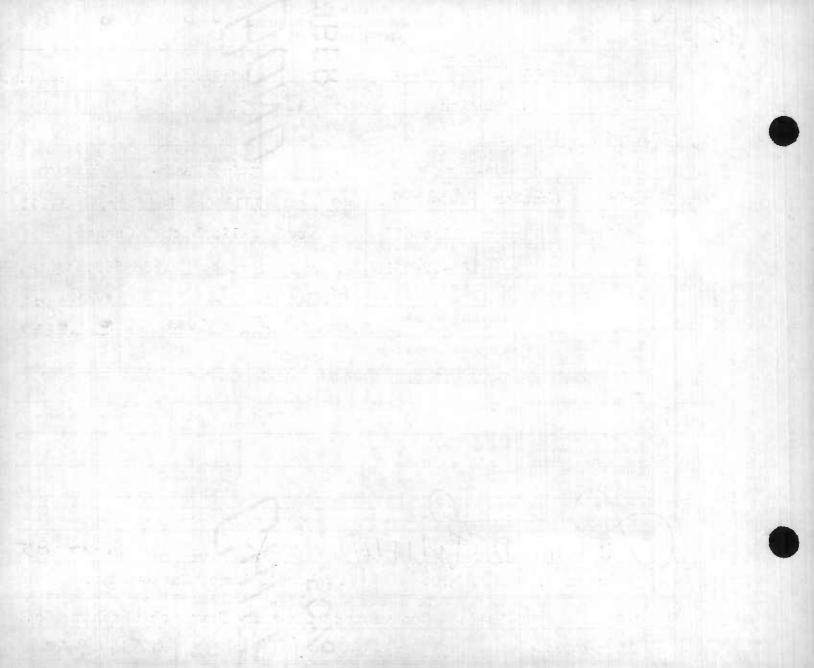
24 FUNERAL DIRECTOR
NAME
Newnam Funeral Home, P.A.

Easton, Md.

Salisbury Crematory Salisbury Wicomico Md

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR 275. REG

Barran S 15 ad 82



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

DHMH - 16 60M 7/ (VRA 15, 4)

within 24 hours ofte

1-	STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	۷٥.		
	CEASED NAME FIRST OR PRINTS EARL	MIDDLE	1/4	3ELL	20 DATE OF DEATH	MONTH 2	4 8.	5-9BR H
3. SEX	x Male	White	5. DATE C		6 AGE LINYEARS LAST B	IRTHDAY)		YEAR IF UNDER 24 HR
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNT	TY OF DEAT	Н
	ASTON	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY, GIVE STREET		PIAL HOST	COUNTY OF		LIFE) 12b. KIN	DOF BUSINESS C
Wille C	AL RESIDENCE (IF NURSING HOME OR STATE COUNTY COUNTY COUNTY CAT	other institution give residence before oline		13d INSIDE CITY LIMITS? YES NO	LIBE ADDRESS	resea	E Fec	21632 l., Md.
) FA	Albertus	Ž. Beil		15. MOTHER'S MAIDEN NA. Bertha	ME MIDDLE	16		Сбх
160 V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU EWAR OR DATES) 203-07-		Mrs. Aline	Bell Lib		Rd.	21632 Fed.,Md
	PART I. DEATH WAS CAUSE		mai	5 bule	C C		BETV	PROXIMATE INTERVAL VEEN ONSET AND DEAT
CERTIFICATION	gave rise to immediate cause rol, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUI	DEATH BUT		INAL DISEASE OR COL	20b. IF Y	ES, WERE FI	NDINGS USED
ERTIF	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO		YES 🗌	NO 🗌
	OR CONTRIBUTING CAUSE OF DE		AY YEAR					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE F	FARM ETC J	211 LOCATION STREET	CITY OR 1	OWN	COUNT	Y STATE
	saw the deceased alive an	tal) attended the deceased from		nd that in (my) (aur) opinion	death accurred an the			, that (I) (we) I the causes stated
	226 SIGNATURE	Larle	2		MEDICAL STA	AFF ICIAN []	22¢. D	2/T/87
	22d. PHYSICIAN'S NAME (TYPE C	OR PR		22e ADDRESS				
	James Gieske	. M.D.		Easton, Md.	21601			

STATE OF MARYLAND

Esston, Md. 22,002 AND THE RESERVE OF THE PARTY OF

(VRA 15, 4)

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		CEASED NAME FIRST	To W MIDDLE	(	CATTER	REG. NO	MONTH DAY	YEAR 26 H	OUR GA
(2)	3 SE	male	white	January January	OF BIRTH  12, 1906  12, 1906	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER YEAR IF UN	DER 24 H
35		RITHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT		ED NEVER MARRIED	BALTIMORE CITY O			
17/	110	EASTON		AL, NURSING HOME ( Y, GIVE STREET ADDRESS)  10 12 4	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewi	F WORKING LIFE)	12b. KIND OF BUS INDUSTRY	
35	13a S		OROTHER INSTITUTION GIVE RES DUNTY 13c. CI 1 ROCK I	TY OR TOWN	13d INSIDE CITY LIMITS?	Hawthorn	ZIP CODE Ave.	2166	61
144			Vachowiz	LAST	15 MOTHER'S MAIDEN NAM	nica Jan	kowski		
Treditor	1	AS DECEASED EVER IN U.S. HO OR UNKNOWN) (IF YES	CHEMINOCONDATE	32 7249 B	Harry Car	ter Rock	Hall,	thorn Md. 21	_
ment, 18		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause per line to USED BY: NATE CAUSE (0)	Vetastate	i aderioca	rame Br	real	APPROXIMATE IN BETWEEN ONSET A	AND DE
0		Control of the Contro	DUE TO, OR AS A	CONSEQUENCE OF					
or other trous	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	( (c)	CONSEQUENCE OF	I NOT BELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN	IN PART 1/G	
my Allumy, or other troop	ATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A	UTING TO DEATH BU	T NOT RELATED TO THE TERM				ISED
how ony Alvry, or other troor	RTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR AS A  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d)	OT WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY?	20b IF YES, W IN CERTIFY IN YES [	VERE FINDINGS UNION CAUSES OF DI	
r tem 18 shows ony rejury, or other trous	CERTIF	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM.	DUE TO, OR AS A  (c)  IT CONDITIONS CONTRIB  IT IN CONDITION F  DEATH HOUR A.M. M NER)  P.M.	UTING TO DEATH BU OR WHICH OPERATION  RY ONTH DAY YEAR	ON WAS PERFORMED  21¢ HOW INJURY OCCURI	20a AUTOPSY?	20b IF YES, W IN CERTIFY IN YES [	VERE FINDINGS UNG CAUSES OF DI NC	EATH
ored or hern II shows ony injury, or other trou	集	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A  (c)  IT CONDITIONS CONTR'S  THE CONDITIONS FOR THE CONTR'S  P.M.  216 PLACE OF INJU  P.M.  216 PLACE OF INJU  P.M.	UTING TO DEATH BU OR WHICH OPERATION  RY ONTH DAY YEAR	DN WAS PERFORMED	20a AUTOPSY?	206 IF YES, W IN CERTIFYIN YES [	VERE FINDINGS U  NG CAUSES OF DI  NG  LOR PART 2)	EATH
m. 21 is marked or them 18 shows any injury, or other troum.	CERTIF	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF [IF EITHER NOTIFY MEDICAL EXAM.]  210 I CERTIFY THAT (1) (this has saw the deceased alive obove, (1) (we) (did)	DUE TO, OR AS A  (c)  IT CONDITIONS CONTRIB  INI. CONDITIONS FOR THE CONDITIONS CONTRIBUTIONS  INI. CONDITIONS FOR THE CONDITIO	ORY OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITY OR TO	20b IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18 PART	VERE FINDINGS UNG CAUSES OF DID NO LOR PART 2)  COUNTY  That (I and from the causes	STA
State Legs, or recome and wenter hygiene grow to build, common NHT if hem 21 is marked or hem. If shows only injury, or other trous	CERTIF	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITTER NOTIFY MEDICAL EXAM.  210. INJURY OCCURRED    NOT WHILE     NOT WHILE	DUE TO, OR AS A  (c)  IT CONDITIONS CONTRIB  IT CONTRIB	ORY OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI 211 LOCATION STREET 19 00 and that in (my) (our) oppnion	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITY OR TO	206 IF YES, WIN CERTIFY IN YES [ RY IN ITEM 18 PART	VERE FINDINGS U  VERE F	STA
with the store Legs, or recent and world) hygiene gran to build, commission who first and the store of the st	MEDICAL CERTIFI	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ITHER NOTIFY MEDICAL EXAMINATION CONTRIBUTION CON	DUE TO, OR AS A  (c)  IT CONDITIONS CONTRIB  IT CONDITIONS CONTRIB  IT CONDITIONS CONTRIB  IT CONDITIONS  21b TIME OF INJU HOUR A.M. M P.M.  21c PLACE OF INJ (AI HOME, STREET, FAC  SEPTION) VIEW THE BODY OFFICE  RECEIVED	OR WHICH OPERATION TO DEATH BUT THE PROPERTY OF THE PROPERTY O	216 HOW INJURY OCCURI 211 LOCATION STREET  211 LOCATION STREET  212 19 213 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (CONTROLL)	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  The state of the decoration of the decorat	206 IF YES, WIN CERTIFY IN YES [ RY IN ITEM 18 PART	VERE FINDINGS UNG CAUSES OF DID NO LOR PART 2)  COUNTY  That (I and from the causes	STA
with the above Legot, or recoin and woman hygiene prior to under common MPORTANT, if here 21 is morked or here 18 shows any injury, or other trous	MEDICAL CERTIF	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITTER NOTIFY MEDICAL EXAM.  210. INJURY OCCURRED    NOT WHILE     NOT WHILE	DUE TO, OR AS A  (c)  IT CONDITIONS CONTRIB  IT CONDITIONS CONTRIB  IT CONDITIONS CONTRIB  IT CONDITIONS  21b TIME OF INJU HOUR A.M. M P.M.  21c PLACE OF INJ (AI HOME, STREET, FAC  SEPTION) VIEW THE BODY OFFICE  RECEIVED	OR WHICH OPERATION  RY ONTH DAY YEAR  19 URY 10RY OFFICE, FARM, ETC.)  ased from	216 HOW INJURY OCCURION STREET  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 HOW INJURY OCCURION STREET  217 LOCATION STREET  218 LOCATION STREET  218 LOCATION STREET  219 SOUTH STREET  219 SOUTH STREET  210 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  219 SOUTH STREET  219 LOCATION STREET  210 LOCATION STREET  210 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  218 LOCATION STREET  219 LOCATION STREET  210 LOCATION STREET  210 LOCATION STREET  210 LOCATION STREET  210 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  217 LOCATION STREET  218 LOCATION STRE	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  deoth occurred on the di	20b IF YES, WIN CERTIFYIN YES [ RY IN ITEM 18 PART  UN 19, ofte and hour or	VERE FINDINGS UNG CAUSES OF DI NO 1 OR PART 2)  COUNTY  A D that (I deframe the causes)	ST.

Large pulsation of the state of Maria Maria Valla Languaga and Allanda

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE
	In our

1	FOR STATE REGISTRAR			DEPARTM		EALTH AND E			G. NO.		*	
	DECEASED NAME	FIRST		MIDDLE /		LAST		20 DATE OF DEA		DAY YEAR	Zb. HOUR	A
0	TYPE OR PRINT)	George	W	. Cle	nda	niel			2- 2	2-85	10:0	2 M
3.	SEX		RACE		S. DATE C			6. AGE (INYEARS L	AST BIRTHDAY)	IF UNDER I YEAR		4 HRS
1	Male		Caucas	sian	Jar	3. 1	897		88 YRS	MONTHS! DAYS	HOURS	MIN.
70	BIRTHPLACE (S			WHAT COUNTRY?	8	DIO ENEVER		9 BALTIMORE C	ITY OR COUNTY	OF DEATH		
t	Delawar	e	U.S.	A.	WIDOW		VORCED	1	a1607			MD.
	CITY OR TOWN			HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCI	JPATION		OF BUSINES	SSOR
1	Eas	Ton 1	Memor.	ial Hosp	,tal	at E	25701	Princi			duca	tio
100	Mäl RESIDENCE State Marylan	d Garo		13c CITY OR TOWN Dentor		136 INSIDE C	ITY LIMITS?	Fifth	RESS / ZIP CODE Avenue	216	29	
Ŀ	FATHER'S NAME		IDDLE	LAST		15 MOTHER'S	MAIDEN NAM	ME	DLE	LA	ST	
ν	Willi		love	Clendar	niel	La	ura	Elean	or	Watts	3	
M.	LYES NO OR LINKING	DEVER IN U.S. ARM	NED FORCES?	166 SOCIAL SECU		17 INFORMA			DDRESS	(T)		71.17
L	Yes	WW I		2182446	579	Mr. K	. She.	lby Cle	ndanie.	•		
	18 CAUSE O PART I. DI	F DEATH (Enter only ATH WAS CAUSED IMMEDIATE	one cause per BY. CAUSE (o)	line for (a), (b), one	d (et.)	(MFd)	ae Arf	BR6ST		BETWEEN	ONSET AND D	DEATH
	gave rise cause (a), underlying		(b)	R AS A CONSEQUE	NCE OF	CORON	affe Djs		-	/FN IN PART 1	(0	
NO. ST. CO.	190 DATE OF			ITION FOR WHICH				200 AUTOPSY	206. IF YES	S, WERE FIND! YING CAUSES	NGS USED	H?
MILE OF	0.0.00	WAS UNDERLYING ON CAUSE OF DEAT		OF INJURY M. MONTH DA M.	YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM 18 F	ART I OR PART 2)		
and a	(IF EITHER NO 21d INJURY (	NOT WHRE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC )	211 LOCATIO	N	City	ORTOWN	COUNTY	51	ATE
	27s.1 certify	that it this baspite deceased alive an live) distribution	21	22 10	100	nd that in hy	(aur) apinion	, todeath accurred an	102 the date and hou	r and from the	that() (w	
	27b. SIGNATI	JRE S	D'	Truck	en	.1462	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [	2/2 DATE	3/85	
	22d. PHYSICIA	SCOTE DE	-	farmand.		22e ADDRES	4	mvct. E	aston, I	DON216	01	
23	BURIAL, CREM.	ATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	51	ATE
L	Bur	ial	12/26,	/85 De	entor	n Ceme		Dento	n Car	oline	MI	
21	TUNERAL ORES	180 KE	3 He	NPERH	M	ance	SO DAT	4 1985	Filia Dav	RAR'S SIGNA	TURE	N

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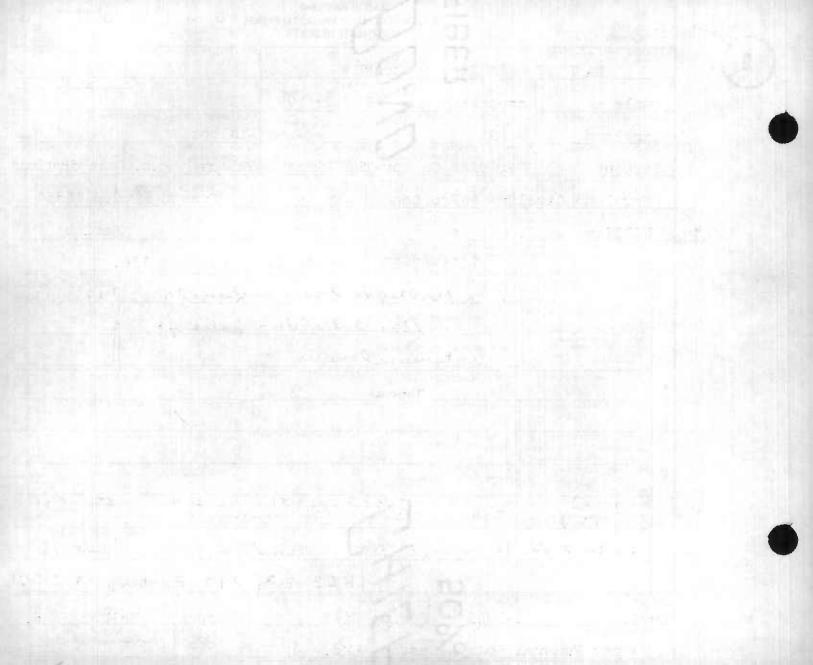
(VRA 15, 4)

STATE OF MARYLAND

281 20d , I , B. I , Box 122 219-16-720b desa. Datey to thater, Hentroville, 19. 231

The second secon

STATE OF MARYLAND



- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) 3 SEX I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) B CITY OR TOWN OF DEATH USUAL RESIDENCE 4 FATHER'S NAME AN IDDIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NIW PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH YEAR IF UNDER TYEAR DAY5 BALTIMORE CITY OR COUNTY OF DEATH

NEVER MARRIED MARRIED WIDOWED DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET, ADDRESS #2IP COL 13d. INSIDE CITY LIMITS? NO 15 MOTHER'S MAIDEN NAME MIDDLE 17 INFORMANT SECURITY NO TO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per imp for (a), (b), and DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last (0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

sow the deceased alive on\_

21e PLACE OF INJURY I AT HOME STREET FACTORY, OFFICE, FARM, ETC 1

21f LOCATION CITY OR TOWN COUNTY

NOT WHILE

22a. I certify that (1) (this haspital) attended the deceased from

, and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

not view the body after death

DEGREE ATTENDING

22c. DATE SIGNED MEDICAL STAFF PHYSICIAN ODIRECTOR PHYSICIAN

22e ADDRESS 404 MOCY

230 BURIAL CREMATION REMOVAL BP

23b DATE

23L NAME OF GEMETERY OR CREMATORY and

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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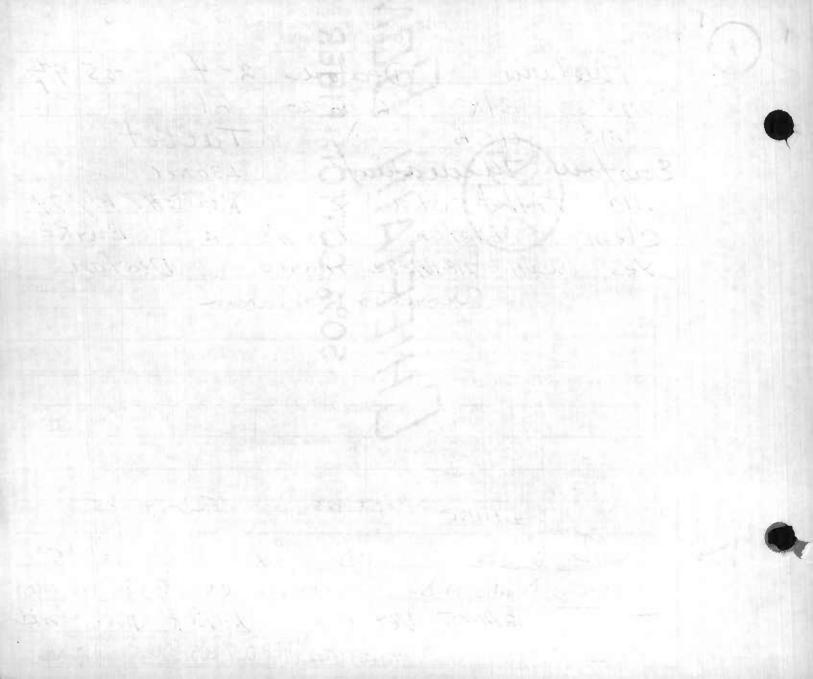
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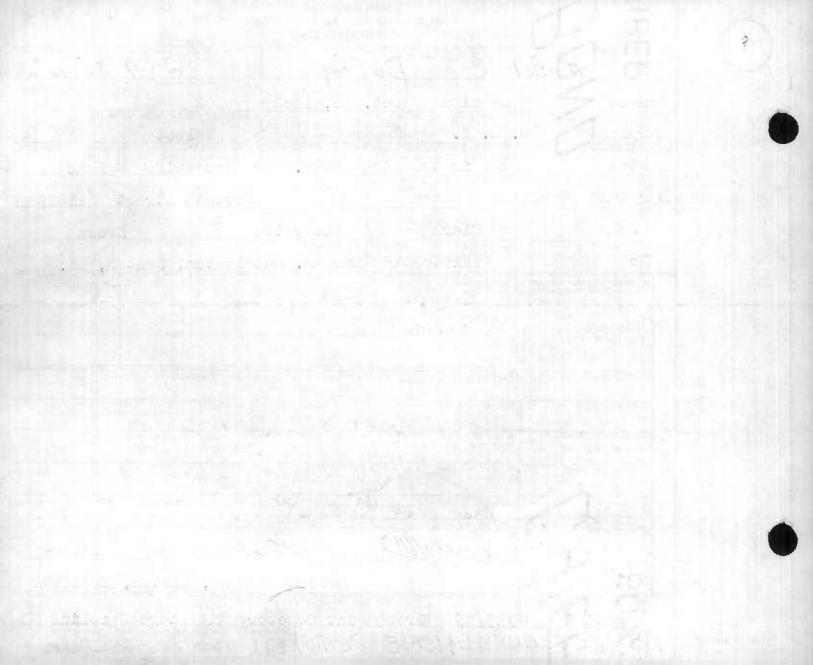
a

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 5 5	0619
r death		CEASED NAME FIRST MAKE	Bel C.	Duffey	ó	
offer of	3. SEX		4. RACE	S. DATE OF BIRTH J	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS
rs o	1	emale	Caucasian	Oct. 18, 1882	102	YRS
13	Má	RIHPLACE ISTATE OR EOREIGN ANY LAND	U. S. A.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Talbo	t
90	Be	aston	House in the	Pines Nurs. C	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V TO HOUSEWI	WORKING LIFE) INDUSTRY
25	13a, S	STATE _ 13b COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY Oline 134. CITY OR TOV Denton	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Seventh S	
050	14. FA	John	Clark	15. MOTHER'S MAIDEN N Alberet	ta	Brown
Poges.	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECTION 166. SOCIAL S		uddleston,	
a. Then please remon to the burief, created by injury, or other the	CATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (		JENCE OF  DEATH BUT NOT RELATED TO THE TE  H OPERATION WAS PERFORMED	RMIN AL DISEASE OR COND	ITION GIVEN IN PART 1101
0 6 0 0	1 40	THE DATE OF GLERATION	the Control of the Co			IN CERTIFYING CAUSES OF DEATH
though the board	1 5		TIME OF INJURY	21, HOW INTERVOCA	YES NO	IN CERTIFYING CAUSES OF DEATH
Hicose has b Human perm al Hydens pr	IL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	DAY YEAR	YES NO	IN CERTIFYING CAUSES OF DEATH
and Mental House private or the burnel House or the burnel House or the burnel House or the burnel Bahow o	1 5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH D	DAY YEAR 19 211 LOCATION		IN CERTIFYING CAUSES OF DEATH YES NO IN ITEM 18 PART   OR PART 2)
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108: After this certificate has before us to for use as the burillational germ of Health and Mental Hygerine p.  2) is marked or fleet, it shows on	AL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. IN JURY OCCURRED  WHIE NOT WHIE AT WORK AT WORK  220.1 certify that (1) (this hasp saw the deedsed alive ar	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY [AI HOME STREET, EACTORY, OFFICE]  bital) attended the deceased from 13 00000000000000000000000000000000000	DAY YEAR  19 211 LOCATION STREET	URRED (ENTER NATURE OF INJURY  CITY OF TOW	IN CERTIFYING CAUSES OF DEATI YES NO INITEM 18 PART I OR PART 2)  N COUNTY S1
ORECTOR At the transfer that of the document permit	AL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. IN JURY OCCURRED  WHIE NOT WHIE AT WORK AT WORK  220.1 certify that (1) (this hasp saw the deedsed alive ar	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY [AT HOME STREET, EACTORY, OFFICE]	PARM, ETC.)  211 LOCATION STREET  19 19 28 30 19 28 30 19 20 19 20 19 20 20 20 20 20 20 20 20 20 20 20 20 20	CITY OR TOW	IN CERTIFYING CAUSES OF DEATI YES NO INITEM 18 PART 1 OR PART 2)  NO COUNTY ST  COUNTY ST  22. DATE SIGNED
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	- STAT	E ISTRAR				CERTI	ICATE OF DEA	ATH	F	EG. NO.			
	DECE ASE	DNAME	FIRST		MIDDLE	-	AST	1	a DATE OF DE	ATH MONTH			h HOUR
	THE OR PRIN	W	abe	Ma	rion	D	ikes	0.00		2.	- 3-8	5	905A
3.	SEX.			4. RACE		5. DATE	OF BIRTH	6 YEAR	AGE (IN YEARS	(AST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
	f	emale		Cau.		11-			83		rs.		
10	THPL	ACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MA	RRIED 9	BALTIMORE	CITY OR COL	UNTY OF DE	ATH	
4	Ohi		10-	U.S.A		WIDOW	_	RCED 🗌		9100	T		M
7	CITY OR	TOWN OF DE	ATH		HOSPITAL, NU		OR OTHER INSTITU		20 USUAL OCC			KIND OF USTRY	BUSINESSO
L		Ston			norial		rital		Ministe	r		Chur	ch
113	SUAL RES	IDENCE I# NUR	136 COUN	OTHER INSTITUTIO	13L CITY OR	BEFORE ADMISSION	13d. INSIDE CITY	LIMITS?	3e.STREET ADD	RESS / ZIP	CODE		
1	Md		Caro	oline	Greens	boro				30x 39	4A	21	1639
3	FATHER'	S NAME FIRST		MIDDLE	LAS		15 MOTHER'S M			DOLE		(A5T	
1	Mai	ion Sh	epard						tzfelde	ADDRESS	35		
りじ		OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166 SOCIAL	SECURITY NO.	17 INFORMANT						
L	no		-		214-7	4-5780	Pauline	e Tyler		Cris	field,	Md.	
	18 C	AUSE OF DEATH	H (Enter or	ly one couse po	er line for (a), (t	o, ond (c)		+ ,	. /	1	В	APPROXIM.	ATE INTERVAL
		AKT I. DEATH		TE CAUSE (o)_		Wass	w in	cra ce	rilere	24			
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١,	PARI	2 OTHER SIG	NIFICANT (	CONDITIONS	ONTRIBUTING	TO DEATH BU	NOT RELATED TO	THE TERMIN	IAL DISEASE O	RCONDITIO	N GIVEN IN I	PART IIo	
	90 D	ATE OF OPERA	TION	19b CON	DITION FOR W	HICH OPERATION	N WAS PERFORM	AED	70g AUTOPS	(? Z0b.	IF YES, WERE	FINDING	GS USED
1	2								YES N	INC	ERTIFYING O	AUSES C	NO I
1	21a.	ACCIDENT WAS UN	IDERLYING		OF INJURY		ZIc HOW INJU	IRY OCCURRE			-	PART 2)	
ľ		ONTRIBUTING		N111		DAY YEAR	60.05						
200	_	NJURY OCCUR		71e. PLAC	P.M. E OF INJURY	19	711 LOCATION						
1	WHI	E NOIW	HILE	(AT HOME, S	STREET, FACTORY, O	FFICE, FARM, ETC )	STREET		C	TY OR TOWN	CO	UNIY	STATE
L			_	tol) ottended	the deceased I	rom /	- 20	19 85		2-3	19_8	5- Ih	ov (i) Twe) lo
ı		aw the decea	ed-alive on	2.	-/	1.	nd that in (my) (or			the dote on	d hour and fr		
L		GNATURE	the yang ne	I view the bod	ly after death		DEGREE				22	DATE S	IGNED
L		11	West	mil	W-	_	ATT	ENDING	MEDICAL DIRECTOR	STAFF	,		
1	22d. F	HYSICIÁN'S N	AME (TYPE C	OR PRINT)			22e ADDRESS	TSICIAN DO	DIRECTOR	rmaician <u>L</u>		-	
T							1330						
73	Bu BURIA	L, CREMATION	REMOVAL	73b. DATE		23: NAME OF	EMETERY OR CRE	EMATORY	23d LOCATIO	N			
	(SPECIF)			2-6-	85		de Cemet		Dove		ent	Del.	STATE
74	FUNER	L DIRECTOR	0	() 1	9,	-0.103	To		REC'D. BY REG				
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16		1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF HE	OF MARYLAN ALTH AND ME CATE OF DEA	NTAL HYGI	ENE 6	REG. NO.	0 6	1 9	1
1	177		CEASED NAME FIRST	(	IDDLE	p 14			20. DATE OF D		H DAY Y	EAR 2b. HO	UR 34
1 50	1	2 051	SAMUE	14. RACE	DDISON	E Q S	ON		AGE (IN YEAR	2	IF UNDER I		ER 24 HRS
人門	1	3. SE				MONTH 5	21	YEAR 16	68	S (ASI BRINDAT)		DAYS HOURS	
1 11	11		ALE RTHPLACE (STATE OR FOREIGN	Caucas	Lan	8					UNTY OF DEA	TH	
1 18	えら		arvland	USA		MARRIED	NEVER MA	RCED	TA	1601			AAD
8 1	B 7		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME O	transf.		12a USUAL OC			IND OF BUSIN	VESS OR
to # p	10	E	ASTON .	1116	PACILITY, GIVE STREET				painti			intin	g
t hour	22	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION O	13t. CITY OR TOW	ADMISSION)	134 INSIDE CITY	LIMITS?	3e.STREET AD		CODE		0
in 24 fille y fille should	1		ryland Tal	bot	Eastor		YES X N			lis A	ve./21	601	
J with	201	/	THER'S NAME FIRST	MIDDLE	LAST		FIR			MIDDLE	Dobá	LAST	
E &	To To		Norman A	RMED FORCES?	ason 166 SOCIAL SECU	JRITY NO.	Dora 17. INFORMANT	1		ADDRESS	KOD1	nson	
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hysicion papers.	t, the		18 CAUSE OF DEATH (Enter o	nly one cause per l							647	PPECKIMATE BY	SANATH L
g phy on po	even	3.5	PART I. DEATH WAS CAUS	ATE CAUSE (a),	asys	hel	E O					1m	_
oth cendin	motic			DUE TO, OR	AS PONEDY	ENCE OF	ules.	- 1.1	MIL		0000	11	51
e offi	trou		Canditions, if ony, which gave rise to immediate	(6)	ucun		fran	n wo	exivig	resser	PORY	au .	
hot the by the series	othe		cause (a), stating the underlying couse lost.	DUE TO, OR	CATTO	soler	shi 1	Jears	- Ma	ease	1	1/2	+3
gned gned en ple burio	الم، مر	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	AL DISEASE (	OR CONDITIO	N GIVEN IN PA	RT Ira	
NG PHYSICIAN: The low requirestending physician. Ifter this certificate has been signifier the burnol-transit permit. There is no additional Hygiene prior to be the hond Mental Hygiene prior to be	y inju	101	Hype	Musi	TION FOR WHICH	CO	PID	·FD	78a AUTOP	. V2	IF YES, WERE F	INIDINGS US	
n. nas bee permit.	ws on	CERTIFICATION	190 DATE OF OPERATION	148 CONDI	TION FOR WHICH	OPERATION	WAS PERFORM	VED			CERTIFYING CA		ATH?
AN: The hysicio ficate I fronsit Hygie	8/7	CERT	210 ACCIDENT WAS UNDERLYING				21c HOW INJU	RY OCCURRE	100	71.	-		Ш
IYSICIAN: TI ding physicis is certificate buriol-tronsif Mentol Hygi	E		OR CONTRIBUTING CAUSE OF DE			AY YEAR 19							
PHYS ending this c e bur d Me	5/	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY	ARM, ETC )	21f. LOCATION STREET			TITY OR TOWN	COUN	aty .	STATE
NG PH r atten of the the	orke	-	AT WORK AT WORK				_			1			
END rol o DR. A Heol	. S		220 1 certify that (1) (this hasp		deceased from		d that in (my) (ai	19d	, to	on the date as	19 82	, mar (I)	(we) last
RECTO	ен 2		abave, (1) (we (did) (did n	at) view the body	after death.		EGREE	or, apman a		in the date at		DATE SIGNE	
TAL OR A y the ho RAL DIRECTOR detoched dote Dept	i. If the		1,1	moth	Javals.		MAN ATT	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF		2/1/80	5-
HOSPITAL Funed by the FUNERAL ould be detected to the State	A /		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	1 1	1	22e ADDRESS	· ·	J. M. C. P. O. M. C.	1		/ / / -	
TO HOSPITAL (retoined by the TO FUNERAL Ishould be detroined the State I	MPORTANI		U	MH	Wood		E,	A570	NI	nd.			
	≤ /	23a. E	URIAL, CREMATION, REMOVA				METERY OR CRE		23d LOCATI	TOWN	COUNTY	V.C.E.L.	STATE
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DHMH - 16 50M - (VRA 15, 4)		1	Newnam Fu	meral Ho	ADDRESS F	aston.	MD 21	601	4 19	35	DEWANGE T	-Alme	
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1	FOR - STATE		T OF HEALTH AND MENTAL HYGI	ENE	
3	REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.	
1. DE	CEASED NAME FIRST	MIDDLE	LAST .	20. DATE OF DEATH MONTH	DAY YEAR 26 HOU
	Kohert	- L Et	level	2-9-	85 4
3. SE	X 4.F	RACE 5.	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS
	Male	BIK	5 19 27	57 Y	RS.
7a 8	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH
4	m	2. / //	IDOWED DIVORCED	Talbe	5
10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINE
18	-antou	Melwar	eot	Truckdu	100 2 1 21
USL 13a	AL RESIDENCE (IF NURSING HOME OR OTH STATE 1136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADM		13e STREET ADDRESS / ZIP C	TOPE OF 100
7	Md TA	1 Lot Cardons		Hauf #	Bax 3
14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NAM	AE MIDDLE	
1	Charles	102 t	Contra	ide i	wilkins
		D FORCES THE SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	
	(YES NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES) 221-14-24	527 Gertry	ide El	1/10#
	1	ane cause per line (ex ta), (b), and to		0 0	APPROXIMATE INTER
oumatic event,	PART I. DEATH WAS CAUSED B IMMEDIATE C	BY. (in also	resperation (	merch.	New
	IMMEDIATE	DUE TO, OR AS A CONSEQUENC	BOIL O	. 1 ./	. ^ _
	Conditions, if any, which	THE ALL DE	Vensur arteri	releven Hea	21 > 1
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENC	F OF		
	underlying cause last.	(c)			
	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1 0
CERTIFICATION					
3	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20g AUTOPSY? 20b. I	IF YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEAT
/ E				YES NO	YES NO
	21a. ACCIDENT WAS UNDERLYING	116. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
7 3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		Total March
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.	21f_LOCATION STREET	CITY OR TOWN	COUNTY
2	AT WORK NOT WHILE			2/0	cul
	22a.1 certify that (I) (this haspital)	attended the deceased fram	19/3 19		, 19, that (I) (
	saw the deceased alive on abave, (1) (we) (did) (did nat) v	riew the body after death	, and that in (my) (our) apinian d	leath occurred on the date and	I have and from the causes st
	27b. SIGNATURE	11 1	DEGREE		221. DATE SIGNED
	W	twood of	MD) ATTENDING PHYSICIAN R	MEDICAL STAFF DIRECTOR PHYSICIAN	1 413/8
	22d. PHYSICIAN'S NAME (TYPE OR PR	HINTI I	22e ADDRESS	1 / 1	
9	MWT	tubod	17AS	TON Ma	
23a	BURIAL, CREMATION, REMOVAL	THE DATE 231 NAM	ME OF CEMETERY OF CREMATORY	23d. LOCATION	COUNTY
	LISPECIEVI	2/14/85 1	'EN Chapel	SUS Seal	COUNTY
24.1	UNERALDIBECTOR	1/ 1/1/3	25a DATE	REC'D. BY REGISTRAR 25h RE	
	DecepAh	10 cull 1	u mo LE	D 1 9 1985 Jul	hia Davidson Panda
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STATE OF MARYLAND

Mid Tillet Contine Hander KENKELL Overland The Lands will have thall a protect that was so 2/1/85 /Ken Chapel Ets 12 700 miles

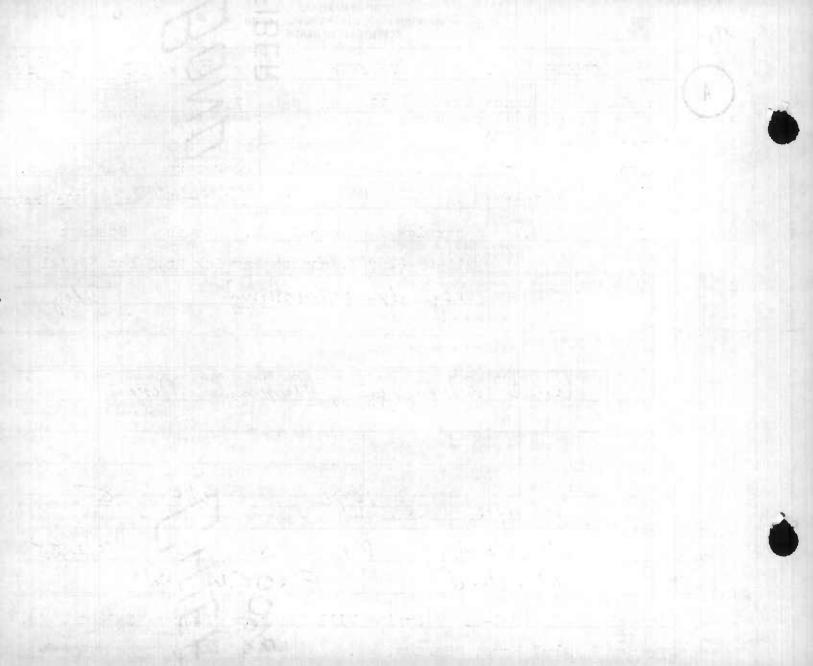
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME (TYPE OR PRINT) 45 DOROTHY GRIFFITH В. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 1 SEX YEAR caucasian 11 09 female 10. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Talbot Maryland WIDOWED DIVORCED [ 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Meridian Nursing Center-The Pines Finance Co. secretary Easton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 130 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Leeds Landing Tunis Mills Easton Talbot Maryland Easton 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Stewart Barwick Ethel Lewis John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Easton HE YES, GIVE WAR OR DATEST J. Kenneth Barwick Rt. 3 Box 556/21601 213-05-6259 NO 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21s. PLACE OF INJURY 214 INJURY OCCURRED CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 1983 sow the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREI 22c. DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I MPORTANT 226 PHYSICIAN'S NAME (TYPE 77e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 236 DATE CITY OR TOWN I SPECIFY! Md. Spring Hill Cemetery Easton Buria 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 winter landage Newnam Funeral Home. Easton, Md. (VRA 15, 4)



3	1,	FOR	DEPA	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 5 0	6202
5 5	L	STATE REGISTRAR ROSIE	L. Hamilton		REG. NO.	
. 75		CEASED NAME FIRST ROSIE	L. Han	<b>álton</b>	February 27, 1985	
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS
( 14 ) [ 2 ]		Fomal	K/K	9 25 95	89 YRS.	INTHS DAYS HOURS MIN.
1 12		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
	10 C	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	IZE. KIND OF BUSINESS OR
5 1 1 TI	1	Easton	Meridian - The		(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
1 1 1 1 C		AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	PROTHER INSTITUTION, GIVE RESIDENCE BEF	OWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP.CODE	,2160/
The state of the s	14. F/	ATHER'S NAME		YES NO 1		val ST
AMA De Complete	P	Jaca4	OCK G	Mey Ph DYO	Lotte Con	ter
dico and a		VAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE	CURRY NO. 17. INFORMANT	ADDRESS	
MIN 4 00 14	-	MA -	anly one couse per line for (a), (b),	1533 SOVAL	DOVIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
these these sent	moval to	PART I. DEATH WAS CAUSE	ED BY:	BRONCHO PNEUN	mia	BETWEEN ONSET AND DEATH
ON STATE OF			DUE TO, OR AS A CONSEC	DUENCE OF		
a de		Conditions, if any, which gove rise to immediate	(b)			
1 W. I was the by the contract of the contract		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		
S, 20 per ple spurio ory, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIVEN	N IN PART TIO
CONTRACTOR OF THE PARTY OF THE	ATIO	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		WERE FINDINGS USED
TALRE IGEN.	CERTIFICATION				YES NO YES	NG CAUSES OF DEATH?
P VIT Physici Tifficote I-fronsi ol Hyga ol Hyga ol Hyga ol Hyga ol Hyga sh		210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	1 I OR PART 2)
ON O	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
DIVISION OF VIT	×	AT WORK NOT WHILE	(AT HOME, STREET FACTORY, OFFK	E, FARM. ETC.) STREET	CITY OR TOWN	COUNTY STATE
CANDITAL OF CANDIT			ttended the deceased from	n 12/5 , 19 75		, that (II (we) lost
R ATT hospith hospith hospith hospith hospith of pot of po		nbove, (I) the total of order	ot) view the body after death.	DEGREE DEGREE	r deom decorred on the dore ond nour c	22c DATE SIGNED
AL OI the detoch ore Do Tr. If H		1 Toling	-110	ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	2/27/85
TO HOSPITAL TO FUNERAL should be deterwith the Store MAPORTANT:	1	The free for free distant		22e ADDRESS	106 7	1601
TO HOSE retained TO FUN should be with the IMPORT.	236	Donald T. Le		Rt. 3 Box	106, Easton, MD 21	TOOT
BP	-	A COLONIA REMOVAL	3/2/85	Union Ville Con	en Enstan	ES LUM
DHMH - 16 50M 4/83	74. F	UNERAL BIRECTOR	() - ( /A9080)	25a. DA	ATE REC'D. BY REGISTRAR 256. REGISTRA	
(VRA 15, 4)	1	Leey H	was Lille	weller wo MA	R 0 5 1985 William Deur	don Bordelle :

Carrierine AN THE TRANS X IN ENGLISH ST JABRULL OCKNOWN EL WINGEL CONTAIL The state of the said of the said PART CONTRACTOR TO BANK IN CONTRACTOR TO THE STATE OF THE

Tom Helfenbein Funeral Homes, Church Hill.

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

NO [

STATE

REON C MARRIS STATES 18 10 con of 1 au The service source of the service of THE WALL AND THE MANOR STREET Early Market Company of the Company Stone in the second of the second AS A PARTY OF A 

1 - FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE REG, NO.	0 6 2 0 4
DECEASED NAME FIRST (TYPE OR PRINT) Hilda	E loise H	51	20 DATE OF DEATH MONT	8 - 85 2 P M
3 SEX 4 RACE			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
female cau	icasian 3	10 03	81	YRS DATS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN 7b CITIZ	ZEN OF WHAT COUNTRY? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
Virginia US			Talba	· MD.
10 CITY OR TOWN OF DEATH 11. NA	ME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	IZB. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER IN: 130. STATE 13b COUNTY Maryland Talbot	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP 516 N.Washing	
14 FATHER'S NAME FIRST MIDDLE		15 MOTHER'S MAIDEN NAM		
	vard Mumford	Mary	Ann	Pettit
160 WAS DECEASED EVER IN U.S. ARMED FO	RCES? 166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS1	2 Dukes Ave.
NO		Jane H. Sa		ston, Md. 21601
18 CAUSE OF DEATH (Enter only one con PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUS  DU  Conditions, if ony, which	Marion	dial sty	archin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 72 HCQ
gove rise to immediate	IE TO, OR AS A CONSEQUENCE OF			
	ONS CONTRIBUTING TO DEATH BUT N	Sometion	INAL DISEASE OF CONDITIO	Mare Heal Joon
190 DATE OF OPERATION 190.  210. ACCIDENT WAS UNDERLYING 21b.	ONDITION FOR WHICH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	. TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
	PLACE OF INJURY HOME STREET, FACTORY, OFFICE, FARM, ETC.)	ZII LOCATION	CITY OR TOWN	COUNTY STATE
	DV CIP	that (my) our) opinion of	, to	nd hour and from the couses stated
THE SECTION OF THE SE	-MD	EGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/9/85

should be detached for use with the State Dept. of Heo BP

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR 23b. DATE 2-11-85

Lewers

Dutchman's Lane Woodlawn Memorial Easton Talbot Md.

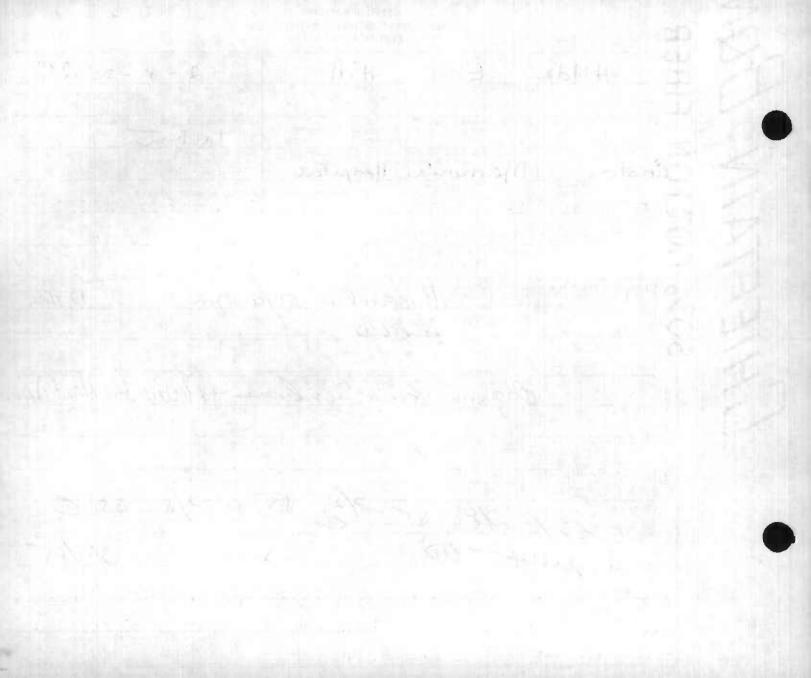
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Easton

STATE

Easton, Md.

Newnam Funeral Home



(VRA 15, 4)

- STATE

REGISTRAR

DHMH - 16 60M 7/B4

24 FUNDRAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

85

DAYS

IE LINDER LYEAR

2h HOUR

12b. KIND OF BUSINESS OR

NO [

STATE

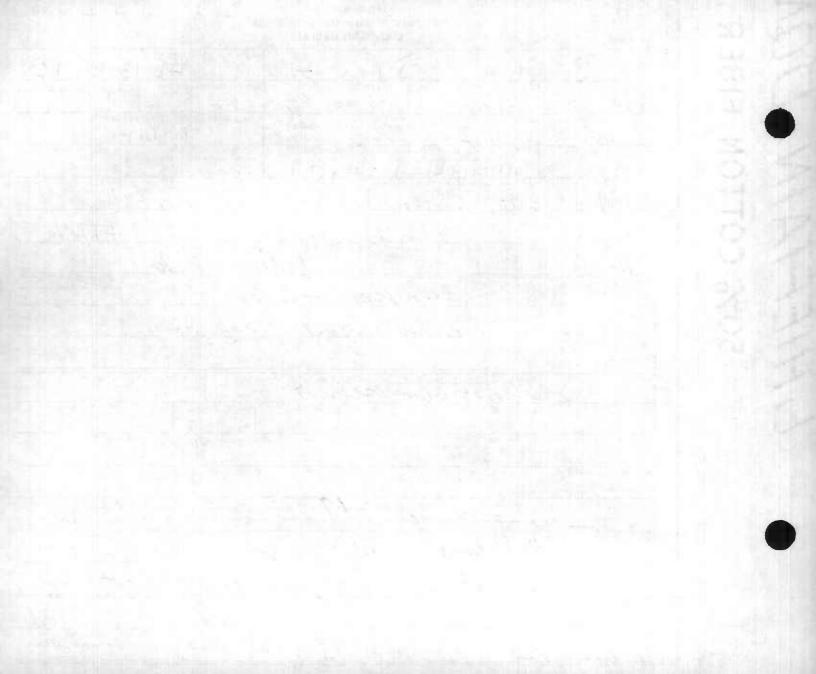
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ISTRAR 256. REGISTRAR'S SIGNATURE who Daydson-Gandall

COUNTY

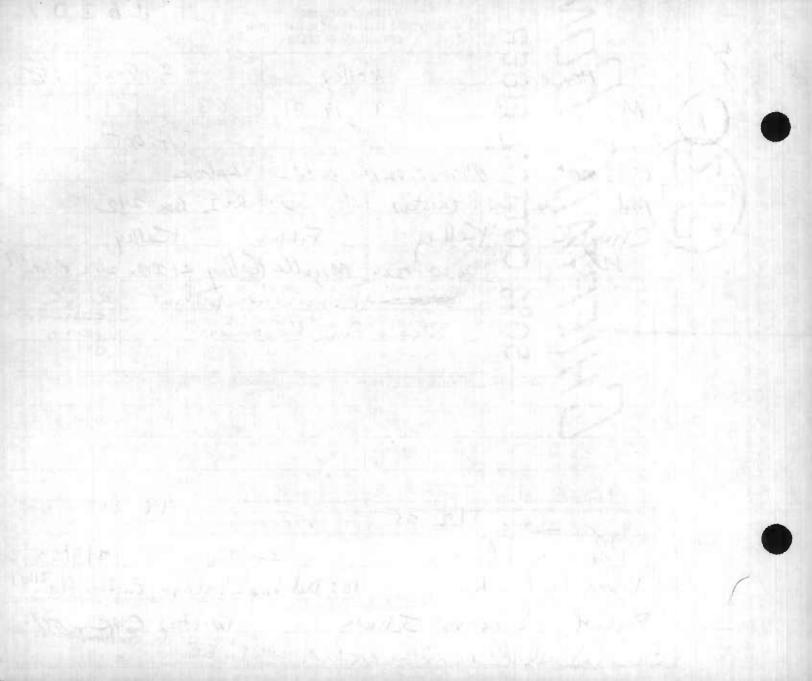
22¢ DATE SIGNED

YES [



2/	11-	FOR STATE		DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL H		06206	
		REGISTRAR	ME		S'S CERTIFICATE O	REG		
88.50		CEASED NAME ROGE	r LE	MIDDLE MIDDLE	Joh NSON	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOLLE $25.64$ N	
IS NECESSARY PLEATER FUNERAL DIRECTOR E 5 FOR YOUR NEED WITHIN 72 HOURS	3 SE	ale caucasia	n 7 25	YEAR 10 AGE (IN YEARS LAST BIRTHDAY) 74 YRS.	MONTHS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR	
NECESSARY UNERAL DI S FOR YOU WITHIN 72	F	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY? 8	MARRIED X NEVER MARRI	ED U	TY OR COUNTY OF DEATH	
S S S S S S S S S S S S S S S S S S S		laryland		SPITAL, NURSANG HOME, Q	R OTHER INSTITUTION		TYPE OF WORK TIZE KIND OF BUSINESS	
> FO BOX		Easton	MEMOY 1	al HOSpito	1 + Fast	FOR MOST OF WORKING LIFE)	OR INDUSTRY	
WD. 21201 H. JF ANY DELA 2. SETALIN PA 2. SHOULD BE 7. AL RECORDS, 5.	130 5	AL RESIDENCE (IF IN NURSING HO) STATE  136. CO  17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13c. CITY OR TOWN Cordova	T3d. INSIDE CITY LIMITS?	Rt.1 Box 3	308. Cordova Md.	
MD.	14. F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDE	NNAME	TAST	
DEATH DEATH GES 1, PM		Chomas	Н.	Johnson	Sallie		Hopkins	
BALTIMORE. JRS AFTER DEA' B. GIVE PAGES WITH FOR P DIVISION PAGES I MAI	16a.	WAS DECEASED EVER IN U.S., YES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES?	214-18-21	many land to the same	/	The second second second	
: 568-0		18 CAUSE OF DEATH (Enter	anly ane cause per list	(a), (b), and (c).)	- Chargaret	Mari	APPROXIMATE INTERVAL	
2 0 × 0 × 3 × 3		PART I DEATH WAS CAU	SED BY: TATE CAUSE (**)	unst	MARKE	Name	114	
ZZ4FFO		Conditions, if any, wh	OUE X	ASA CONSTITUENCE OF	1-11/11	vale lines	,	
W. PREST WITHIN NCIL IN AINER A IRANSIT VIAL HY		gave rise to immedia cause (a) stating the und	ate 6144	July 1	1 1 min	willing	*G	
201 W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL - TRANS D MENTAL H		lying cause last.	er- DUE TO, OR	A STA CONSTRUIÈNCE OF				
EXEC EXEC ICAL ICAL A BUR H ANI	z	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	OUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN PAI	RT 1 ia		
SHOULD BE CORD. PEND CHIEF MED CHIEF MED CHIEF MED AS / I OF HEALTH	MEDICAL CERTIFICATION	196. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?	
F VITAL TE SHOUL WORD "I BE CHIEF ENT OF H	F	21a EXTERNAL CAUSE WAS	21b. TIME O	E INTURY			YES NO	
DIVISION OF VITAL S CRTIFICATE SHOU RITING THE WORD." RED TO THE CHIEF RED	38	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.A	M. MONTH DAY YEAR	716. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M IS PART I OR PART 2)	
CERTING CERTING DED TO SEP TO PEPA	WEDIC	21d INJURY OCCURRED	21e PLACE		PII LOCATION STREET	CITY OR TOWN	COUNTY STATE	
DIVIS THIS GER WARDED VITATE DEP	1	AT WORK AT WORK			A	1		
A A A A A A A A A A A A A A A A A A A		22a. I certily that I speech	rgii of its remark de	scribed abave, held an	Autapsy Inspection	Inquiry ,	and in my apinian	
EXAMINER: CERTIFICATIONED BE FOR UDLD BE FOR 1 DIRECTOR: 1, WITH THE:		death resulted trays	Toplar A	Accident Surce	Hooping 1	determined manner		
INE CER SHOULD SHOULD SATH, WILL SER, WAR		ACTUAL SIGNATURE	MILL	Whath	Nikal	AMEDICAL EXAMINER	DATE SIGNED 1-685	
OH 4 ZOV	1	EXAMINER'S NAME	Cool			7		
TO ME EXECU TO POGE AFTER BALTIN	23a E	(TYPE OR PRINT) R	ane Wroth	123c, NAME OF CEMET	ichaeles Mary			
BP.		Surial	2-9-85		ill Cemeter			
DHMH - 17		UNERAL DIRECTOR	ADDRES:		25a. DATE F	CCD. BY REGISTRAR 256 R	26 DATE KNOWN MONTH DAY YEAR 26 HOUR OF ESTI- DEATH MATED 2 5 1985 MM  RS. 21. DATE PRONOUNCED DEAD 2 - 5 1985 MM  9. BALTIMORE CITY OR COUNTY OF DEATH  USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Brick Layer Building  STREET ADDRESS  t. 1 Box 308, Cordova, Md.  AME  MIDDLE  MIDDLE  HOPKINS  ADDRESS  Johnson See 13e.  APPROXIMATE PROPERTY  YES NO []  VIEW NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN  COUNTY STATE  MEDICAL EXAMINER  DATE  SIGNED J. STATE  MEDICAL EXAMINER  Talbot  Md.	
(VR A15 ME (5)) 20M 4/82		Newnam Fune		Easton,	Md. FEB	1 1900 /		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a. DATE OF DEATH MONTH 5. DATE OF BIRT 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR July Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Denton Market Street 21629 YES IX NO [ 15 MOTHER'S MAIDEN NAME MIDDLE Johnson Saxton ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 22101533 Mr. Walter Kerslake, Denton, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH acux a

cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

220 I certify that (I) (this haspital) attended the deceased from

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM ETC |

211 LOCATION STREET

CITY OR TOWN

STAFF

COUNTY STATE

22c. DATE SIGNED

NO [

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES

22d PHYSICIAN'S NAME ( VPE OR PRINT)

NOT WHILE

saw the deceased alive on above, (1) (ve) (did) this not view

Al WORK

FOR

REGISTRAR 1. DECEASED NAME

FIRST

186 COUNTY

18 CAUSE OF DEATH Enter only one cause per line

160, WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate

Caroline

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a

4. RACE

Caucasian

- STATE

(TYPE OR PRINT)

Female

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

elaware

Maryland

Robert

4 FATHER'S NAME

22e ADDRESS

DEGREE

ATTENDING

Easton, Md. 21601

23c. NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL Burial

Gracelawn Mem

23d LOCATION CITY OF TOWN

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

NO

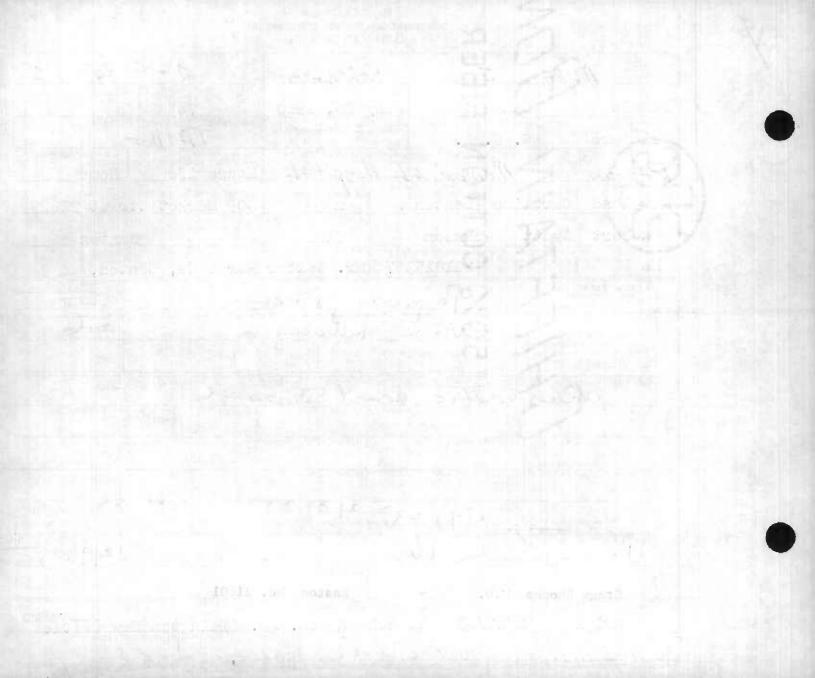
\_, and that in (pry) (our) opinian death occurred an the date and hour and fram the causes stated

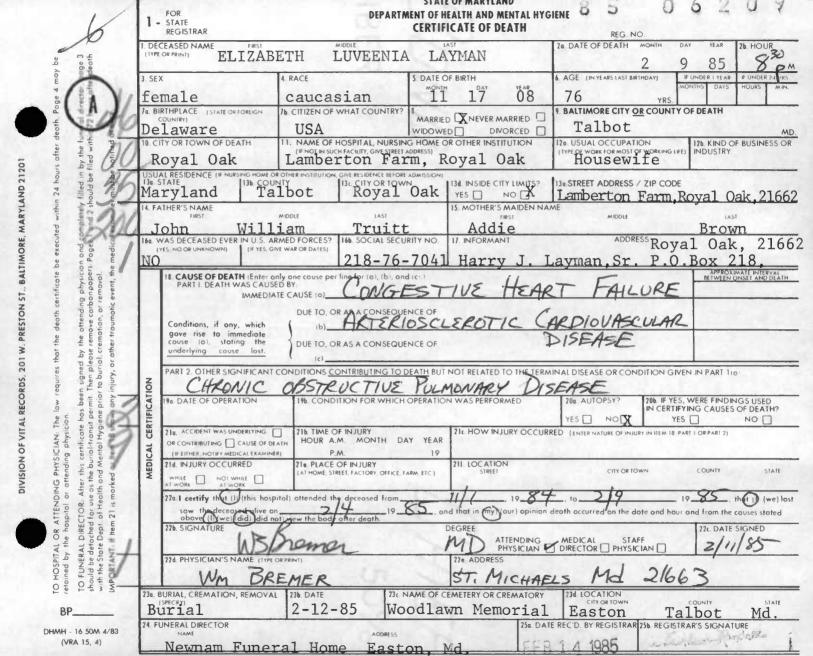
COUNTY Delaware ilmington New Castle

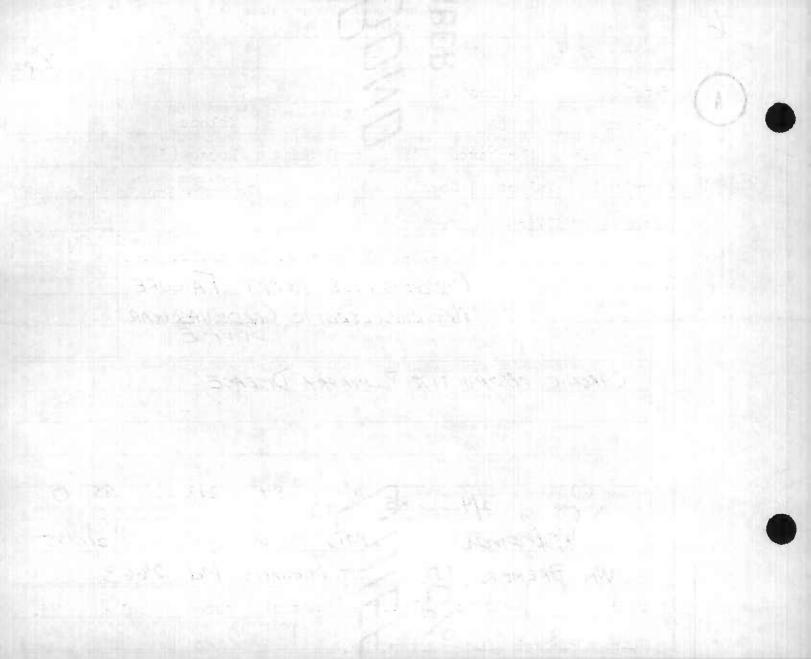
Gregg Rhodes, M.D.

71 FONERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 C (VRA 15, 4)







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2h HOURS IF UNDER I YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH Jan 1918 67 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED USA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY **US** Government Printer ellaria 13c CITY OR TOWN Rt. 1 Box 285 E 21636 Goldsboro 15 MOTHER'S MAIDEN NAME MIDDLE Abrams Lindsay, Sr Mary 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO Goldsboro. MD 160 01 1397 Sylvia Lindsay APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line laita), (b), and ic-Zerolo po/maras rute My ocardial perfasive Cardiavasculas Dixase

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

22a.I certify that (III 3th

230 BURIAL, CREMATION, REMOVAL

IAN WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

BRICKER

23h DATE

3-1-85

White

13h COUNTY

Caroline

MIDDLE

I LIE YES GIVE WAR OR DATEST WW II

IMMEDIATE CAUSE (a)

Η.

P.M

21a PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC )

211 LOCATION

CITY OF TOWN

NOT

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

22c. DATE SIGNED

NO F

MD

IN CERTIFYING CAUSES OF DEATH?

YES [

attended he deceased from and that in (my) (aux apinion death accurred an the date and hour and from the causes stated DEGREE

231. NAME OF CEMETERY OR A MATORY

22e ADDRESS

ATTENDING

Goldsboro, MD

[SPECIFY] Burial

Greensboro Cemetery Greensboro 250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

23d LOCATION

CITY OR TOWN

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

(VRA 15, 4)

- STATE

ITYPE OP DRIN. TY

3. SEX

Male

REGISTRAR

TE BIRTHPLACE ISTATE OR FOREIGN

Pennsylvania

IS CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HO

William

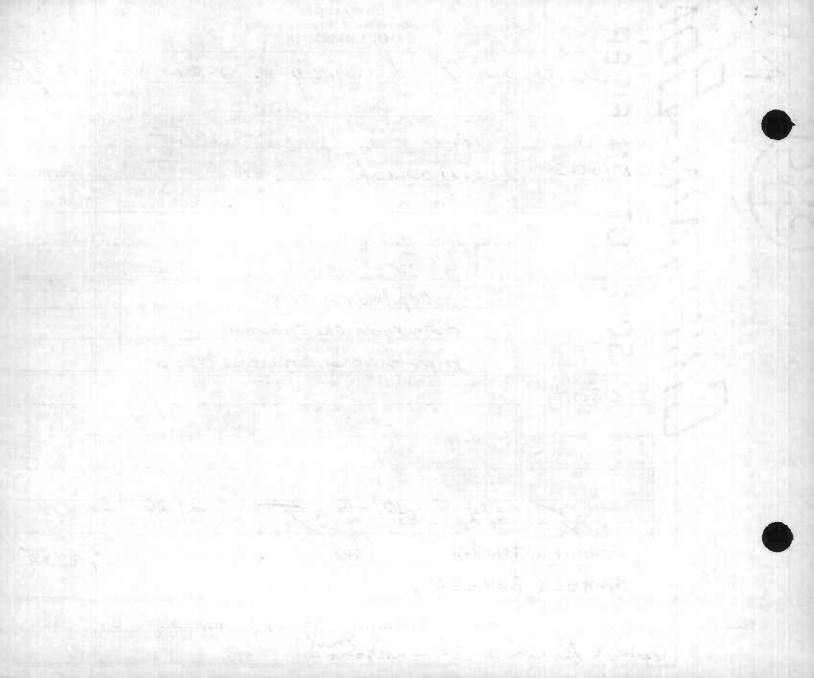
Maryland 4 FATHER'S NAME

Yes

CERTIFICATION

DECEASED NAME

DHMH - 16 60M 7/B4



STATE OF MARYLAND

THE MOULT COLUMN TO THE COLUMN TH 

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Fundin dino. Sect. 23, 1905 79 1 New York W.S.A. X A.S.D NYOY WAY o'i ivealle edmar lewis selle ullians .ava iyaw off No ----- 049230-0984 Dale Brown Sellersville, Penna.

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21501 Jewrence D. Bohan M. D. Dutchmans Das Daston, Bry Land

Pre-ation arch 1, 1985 Pt. incoin Spantwood 1. . . anvisor

Summer to Travers of Spirate Sate 150 155 818 Continued with

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR CTYPE OR PRINTE 1245 Stutel org 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX IF UNDER 24 HRS Jülv 23. 1892 Fmale Cauc. 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Maryland WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTR'Home Housewife aston Dilliam USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 130 STATE Wittman 13d INSIDE CITY LIMITS? Talbot Maryland NO PA 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Rubin Marshall LAST Mary Marshall Moore ADDRESS Wittman, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Maryland NO OR LINKNOWN) (IF YES GIVE WAR OR DATES) 220-26-3993 Elmira S. Brandow 21.676 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH lEnter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDIT R WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOU YES [ NO [ 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 60 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, FARM, ET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE 260 220 | certify that (1) (this hospital) attended the deceased from (III) (we) lost and that in (m) (our) opinion death occurred an the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [ 22¢ ADDRESS 230 BURIAL.

Cemetery St.

Michaels

DHMH - 16 60M 7/84 (VRA 15, 4)

14-FUNERAL DIRECTOR

BP

Dance Cauc. July 21, 1892 92 Aryland L.i.s. Arelyla ousovife nerview X newtilw tools breigns Rubin Larehall Mary Marshall No 220-26-3993 Elmina S. Brandow (ittman, Ervland

Buris: .ch. 11, 1905 Olivet Cometery St. Michaele, Ealbot ed.

				STATE OF MARTEAND	24	06216
	L	FOR - STATE	DEPARTI	MENT OF HEALTH AND MENTAL HY	GIENE	O O diag 1
	L'	REGISTRAR		CERTIFICATE OF DEATH	000 1	
	1 00	CEASED NAME FIRST	WIDDIE	LAST	REG. No.	
. 96		PE OR PRINT)	Misott	11	20. DATE OF DEATH	
9 8 9	L	Joseph	)	Marshall		2-10-85 11:40
1 4	1, 56	EX (	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
7 11		71126	BLACK	MONTH DAY YEAR	02	MONTHS DAYS HOURS MI
0 15	<u></u>	Prie		6 14 02	82	YRS.
# 32 SE 2	70.1	COLMINAL STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
1 17/27	1	1 19	LESA	WIDOWED DIVORCED		ot County
1	100	CITY OR TOWN OF DEATH	MAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	
\$ 30 E/V	1	Tasks	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST	E WORKING LIFE) INDUSTRY
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1 200	44.7	ATHER'S NAME	TOURKIV	15 MOTHER'S MAIDEN N		1-000 (11
1 10 11	1		DDLE LAST	FIRST	MIDDLE	ŁAST
1 60/1/6		DOM	Tharshi	361	1/	
1 00 00		WAS DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDRE	SS
1 6 6	1	(YES, NO OR UNKNOWN)     IF YES, GIVE W	WAR OR DATES)	1197 Welen	711	avsha//
4 81 0	⊨	112	1200 33.		///	
1 149 4		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED)		d(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
£ 122 £		IMMEDIATE		TEM PAILURE		
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4 50.5		The state of the state of	DUE TO, OR AS A CONSEQUE	NCE OF	0450000	mart
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9 610 6		underlying couse lost	(12)			
2 240 0		DARL 2 OTHER SICNIEICANIT CO	NOTIONIC CONTRIBUTIONS TO			
1 2505	z	FART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
1 15 1	IFICATION					
1 2128/1	15	190 DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
75 241 17	E		4-7		YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
19 11 24	CERT	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU		
A DOT I		OR CONTRIBUTING CAUSE OF DEATH	CONTRACTOR OF THE CONTRACTOR O	AY YEAR	LENIER NATURE OF INJUI	OT IN TEM 18 PART I OR PART 2]
S 2 2 2 2 2 7	13	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
19 14 5 6	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	717-0-10	WN COUNTY STATE
OF 750 B	2	HILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TO	WN COUNTY STATE
2 4 5 5 9		AT WORK AT WORK		2/1/	h 1	10 65
No walk	1	220 1 certify that (I) (this hospital	) ottended the deceased from_	19 8	10	19 35, that (I) (we) le
E 1 22 1 5		sow the deceased alive on obove, (*(we) (did) (did par)	view the body ofter death	ond that in (my) (or) opinion	death occurred on the do	ate and hour and from the couses stated
2 11 15 1		22b. SIGNATURE	A A A C	DEGREE		22¢ DATE SIGNED
0 + 0 90 =			41100m	MA ATTENDING	MEDICAL STAF	12010
T 5 5 5 5 5	1	Control Control	July Can	PHYSICIAN	DIRECTOR PHYSIC	IAN   / LTUES
A PER A		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT)	22e ADDRESS	11001	15
168 H 168		H. WHGA	IER	1405	WASH	SI PASTOWN
5 5 5 5 3 3	177		NIL DATE TO THE PARTY OF THE PA		Test too	0.100.10
A	7.74	BURIAL CREMATION, REMOVAL	THE DIATE THE	AME OF CEMPTERY OF CREMATORY	23d LOCATION	A COUNTY STATE
BP		0	2/19/185 (	restricted	(ontre	Wille 800 mic
NUMBER 14 5044 4480	24. F	UNEXALDIRECTOR	11/3	25a, DA		256 REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83	100	HAME //	1. M/ Somes	To and IFE		Telia Nacida - Banda 00
(VRA 15, 4)	1 4					

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			,	CERTIF	ICATE OF DEATH	REG. N	0.		
	1. DECEASED NAME (TYPE OR PRINT)	ilda	S	MIDDLE	Mel	arter	20 DATE OF DEATH	DAY 22-	85 2	7 PM
	3. SEX		4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR			
10	female	5 (65.5)	caucas	sian	5	20 1900	84	YRS		MIN.
	REGISTAR  DECEASED NAME  IPPL OR PRIVALE  S. DATE OF BRITH  S. DATE OF COUNTY OF COUNT									
1	Maryland		USA				1	alhoi	7	MD.
8	10 CITY OR TOWN OF E	O11	(IF NOT IN SE	HOSPITAL, NUI HEACILITY, GIVE ST	RSING HOME C TREET (DDRESS)	11 . 1-1	TYPE OF WORK FOR MOST C	F WORKING LIFE!		BUSINESS OR
	Maryland	13b COUN				13d INSIDE CITY LIMITS?		ZIP CODE Road	/2160	1
1	FIRST	A	MIDDLE	IAST	200	FIRST				
1	Levi	n	1000	Fishe	r	Frances				
1	NO OR UNKNOWN)		WAR OR DATES			10 May 10				
	Conditions, if o gave rise to cause (a), sto underlying, cau	my, which mmediate thing the use last	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)  ONDITIONS CO	R AS A CONSE R AS A CONSE DNTRIBUTING	EQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	D
	A DATE OF OPE				IICH OPERATIO		YES NO X	IN CERTIFYIN	G CAUSES O	F DEATH?
1	OR CONTRIBUTING L (IF EITHER NOTIFY M 21d. INJURY OCCU  WHILE NOTIFY M 22d.I certify that saw the dece above, (I) (we 22b. SIGNATURE  22d. PHYSICIAN'S	CAUSE OF DEAT EDICAL EXAMINER)  URRED  WHITE COPK  (1) (this began ased alive an actual (did not	HOUR A.I P.J  21e PLACE ( (AT HOME, STR  ) view the bady	M. MONTH M. OF INJURY REEL, FACTORY, OFF  doseased fro other death.	19 ICE, FARM, ETC )	21f LOCATION	death accurred an the di	wn 19, and have an	COUNTY	at (I) (we) last uses stated
	23a BURIAL, CREMATIO	N, REMOVAL	23b. DATE		3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		OUNTY	STATE
	Burial		2-25-	-85	Spring	; Hill	Easton	Ta1	bot	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton,

REGISTRAR 25b. REGISTRAR'S SIGNATURE

A STATE OF THE STA forth and noted cook involutions White Ith Brown

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR		CERTIFICATE OF D		REG. NO.		
		EASED NAME OR PRINT)  HOLD M	WIDDLE	No/s	20	DATE OF DEATH MONT	DAY YEAR	2b. HOUR
7/3	SEX	FEMALE "	Black	5. DATE OF BIRTH	1909 6 /	GE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONTHS DAYS	IF UNDER
1	BIR CC	OUNDED A STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIED NEVER M	AARRIED 7 6	FALTIMORE CITY OR CO	bot	
8		Easton /	NAME OF HOSPITAL, NURSI (IF MASSICH FACILITY, GIVE STREE Lynna a	HOSOI"		USUAL OCCUPATION THE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTRY	RISINES
1	M	CARO	13c CITY OR TO	NN 138 INSIDE CI	NO X	SPREET ADDRESS / ZIP	CODE 216	3:
0	S	THER'S NAME  PERST NCE MID	JON 4-S	.02	MAIDEN NAME	ADDRESS ADDRESS	C '	nk
2		PAS DECEASED EVER IN U.S. ARME ES. NO GRUNKNOWN) (IF YES, GIVE W		S INFORMAL	JOYCE	ENAMA!	JUN, M	L-21
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	JENCE OF Happe	he E	mca in L DISEASE OR CONDITION	IN GIVEN IN PART 1	0
9	TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	JENCE OF HOPE	RMED	L DISEASE OR CONDITIO	IF YES, WERE FIND. CERTIFYING CAUSE: YES	NGS USED
400	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE (c)  NOTIONS CONTRIBUTING TO  196 CONDITION FOR WHICH	JENCE OF HOPERATION WAS PERFORMED TO THE PERFORMENT OF THE PERFORM	RMED	L DISEASE OR CONDITIO	IF YES, WERE FINDI CERTIFYING CAUSE: YES []	NGS USED S OF DEATH
400	ICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT COI  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE (c)  INDITIONS CONTRIBUTING TO  INDITIONS CONTR	DENCE OF HONE DEATH BUT NO RELATED H OPERATION WAS PERFORD DAY YEAR 19 216 HOW IN.	RMED  JURY OCCURRED	L DISEASE OR CONDITIO	IF YES, WERE FINDI CERTIFYING CAUSE: YES []	NGS USED S OF DEATH
400	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  21d I CERTIFY that (I) (the borner saw the deceased alive on above, (I) (we) (did I did not iv	DUE TO, OR AS A CONSEQUENCE (c)  NDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)  Tottended the deceased from.	DENCE OF HONE DEATH BUT NO RELATED  H OPERATION WAS PERFOR  DAY YEAR  19 FARM ETC)  21f LOCATION STREET  30 Dec  30 Dec  31 and that in (my)	JURY OCCURRED	L DISEASE OR CONDITIO  200 AUTOPSY?  YES NO (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDICERTIFYING CAUSE YES  EM IS PART   OR PART 2)  COUNTY  19  4  19  19	NGS USED 5 OF DEATH NO
400	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COI  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210 INJURY OCCURRED  WHILE ALWORK ALWORK  220.1 certify that (I) (the bospid saw the deceased alive on above, (I) (we) (did) (did not your last of the country of the control of the country of	DUE TO, OR AS A CONSEQUENCE (c)  NDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE  Trattended the decaysed from high processing the processing of the control of the	DEATH BUT NOT RELATED  H OPERATION WAS PERFORD  DAY YEAR  19 21f LOCATION  STREET  COMMITTEE  DEGREE  A P	JURY OCCURRED  IN 19 4  TIENDING PHYSICIAN FOR	L DISEASE OR CONDITIO  200 AUTOPSY?  YES NO (ENTER NATURE OF INJURY IN IT  CITY OR TOWN  10 6 FE	IF YES, WERE FINDICERTIFYING CAUSE: YES  EM IS PART LOR PART 2)  COUNTY  19 85.  Indian and from the	NGS USED 5 OF DEATH NO
	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2: OTHER SIGNIFICANT COI  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  22d I certify that (I) (the hospital saw the deceased alive on above, (I) (we) (did) (did not y)  22b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE (c)  NDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE  Trattended the decaysed from view the body after death.	DEATH BUT NOT RELATED  H OPERATION WAS PERFORD  DAY YEAR  19  21t. HOW IN.  STREET  CONTRIBUTION  DEGREE  A	JURY OCCURRED  19 8 4  19 8 4  TIENDING POINTS IN SICIAN	L DISEASE OR CONDITIO  200 AUTOPSY?  YES NO CITY OR TOWN  to CITY OR TOWN  to FEDICAL STAFF	IF YES, WERE FINDICERTIFYING CAUSE: YES  EM IS PART LOR PART 2)  COUNTY  19 85.  Indian and from the	NGS USED 5 OF DEATH NO

DHMH - 16 60M 7/B (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been TENDING

Pullette ... Last market of the first of the

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ottending physicion.

I.O. PUNEKAL DIRECTOR: After this certificate has been signed by the attenshould be detached far use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT. If Hem 21 is marked or Hem 18

may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	PE OR PRINT)		Middle	1100		28 DATE OF DEATH			243
SATE   REGISTAR   RE		3 A M							
3. S	EX	4 RACE				6. AGE (IN YEARS LAST BIR			
Testate Register of Death Regi									
Zout	STATE RECISTOR   SAME								
		U.	S.A.			To	Ibot		MD
10 0		LI. NAME OF	HOSPITAL, NURSING	HOME C					
1	Easton 1	(IFNOT IN SU		DDRESS)	ne oftal				
MSI	JAL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		03 11-0			01	
		NTY				_		2	1670
		L.A.	[Grasonvi.	тте			( )1)	2	10,00
	FIRST		LAST		FIRST	MIDDLE		LAST	
160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	16h SOCIAL SECUR	ITY NO.			ESS		
	Yes WWI	VE WAR OR DATES)	212-09-7	509	Edna Norbeck	same a	as above		
	18 CAUSE OF DEATH Enter of	nly one cause pe	line for (a), (b), and	ıc		/ M	BE.	APPROXIN	AATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSE	DBY	(0)	nelst	we keast for	selve-			
199	THE CONTRACTOR OF THE CONTRACT		DAS A CONSTOUR		1				
10	Canditions, if any which	( , b)	IR AS A CONSECUENT	24101	te Carcinos	ma			
	gove rise to immediate	) (0)_		2 /2					
		DUE TO, O	R AS A CONSEQUEN	VCE OF					
	DART 2 OTHER SIGNIFICANT		ONTRIBUTING TO DE	EATH BUT	NOT BELATED TO THE TERMI	NAL DISCLES OR CON	DETIGN COURT ALD	4 D 2 1	
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS	ON TRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN IN P	AKI IIQ	
18	190 DATE OF OPERATION	19h COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDIN	GS USED
F						YES T NOT		AUSES (	
1 8	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURRE			ART 2)	
		A117			The state of the s				
20				19	211 LOCATION				
ME		(AT HOME ST	REET, FACTORY, OFFICE FAI	RM ETC )	STREET	CITY OR TO	)WN COU	MIA	STATE
	AT WORK	CREATER OF DEATH  REC. NO  NOTICE AND SAME THIS SAME THE							
			ne deceased fram			, to			
	above, (Ir (we) (did) (did no	the body	after death.	ar	nd that in (my) (aur) apinian d	eath accurred on the d	ate and have and fro	im the c	auses stated
	22b. SIGNATURE	Lak	7	n	DECTRYE:			DATES	SIGNED
	OTTE	nuo	/	11	PHYSICIAN PHYSIC	DIRECTOR PHYSIC	IAN [	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CODE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DIN GIVEN IN PART 1:0  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TO THE COUNTY  COUNTY  STATE  COUN	
1	224. PHYSICIAN'S NAME (TYPE		1			1 1			
	MT	(VO	Wley		Ea	ston, M			
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	/ 23c. N	AME OF C	EMETERY OR CREMATORY				67.476
	Burial	02/27	/85 St	evens	sville Cemetay			.A.	
24					250. DATE	REC'D. BY REGISTRAR		GNATU	
	Tom Helfe	nbein F	uneral How	Ch	estar WAR	4 1985	ما الما الما الما الما الما الما الما ا	1-40	ndell.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

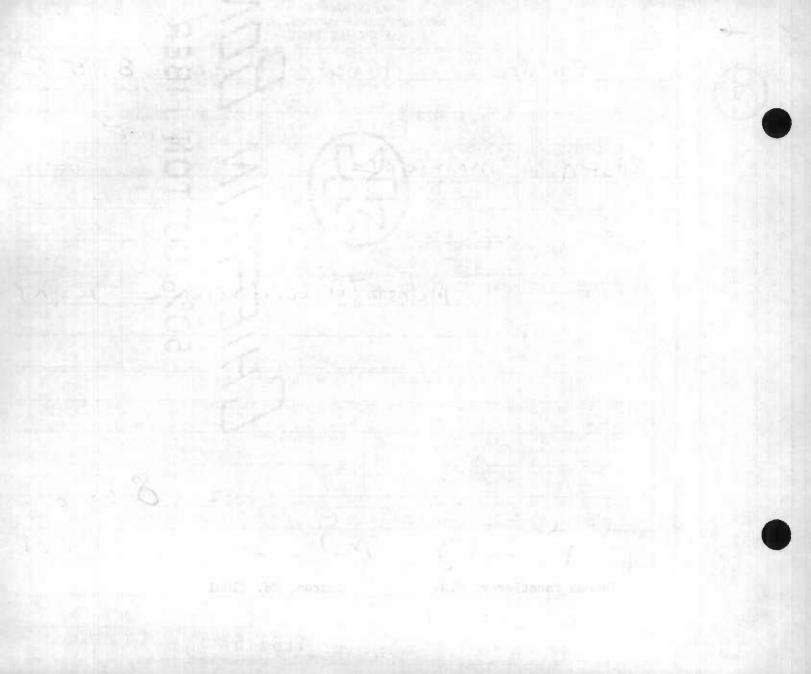
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6	1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	
N		CEASED NAME FIRST	rles	Pa	irker	Jehruary	8. 985 5 pm
(2)	3 SE	x	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
11/11/		Male	White	9	30 18	66 YRS	MOINTS DATS HOURS MIN,
The work	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.	MARRIEI WIDOWE	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT	TY OF DEATH  OI MD.
by the furthiled with	}0 C	EA3+00	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING Engineer	126 KIND OF BUSINESS OR INDUSTRY Electrical
filled in	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR 13¢ CITY OR TOV Easton		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP COI 10 Westminis	
Memine State	14 F	THER'S NAME FIRST Charles	E. Park	er	15. MOTHER'S MAIDEN NA FIRST Viola	ME MIOOI E	Hunt
dicolo	160	VAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRESS	
Pog.		YAS DECEASED EVER IN U.S. AR YAS NO OR UNKNOWN) (IF YES GIV	218-05-	1556	Mrs. Angela	a B. Parker -	Same as #13
seen signed by the ottendin the Then please remove cort rior to burial, cremation, or my mjury, or other traumatio	TION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT OF THE OF OPERATION	DUE TO, OR AS A CONSEQUE    b)     DUE TO, OR AS A CONSEQUE    (c)     ONDITIONS CONTRIBUTING TO	DEATH BUT		MINAL DISEASE OR CONDITION G	ES, WERE FINDINGS USED
sif perm grene pi	CERTIFICATION			TOTERATIO		YES NO	TIFYING CAUSES OF DEATH?
rial-transentol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	RED {ENTER NATURE OF INJURY IN ITEM 18	S PART I OR PART 2)
tter this os the bu h and M orked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	OUNTY STATE
for use of Healt			tal) attended the deceased from.	0	nd that ir (my (aur) apinian	death accurred on the date and he	. 19 tha(i) (we) lost our and from the causes stated
ERAL DIRE		22b. SIGNA NUTE	mm			MEDICAL STAFF DIRECTOR   PHYSICIAN	27c. DATE SIGNED ST
should be dewith the Stote		22d. PHYSICIAN'S NAME (TYPE O	ntleroy, M.D.		Easton, Md	. 21601	
£ 4 3 3		BURIAL, CREMATION, REMOVAL SPECIFY)  Removal		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
- 16 60M 7/B4 /RA 15, 4)	24 F	INERAL DIRECTOR  NAME  Anatomy E	Board	Balto.	, Md. FEB		STRAR'S SIGNATURE

STATE OF MARYLAND



24 hours

death certificate be

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TO HOSPITAL

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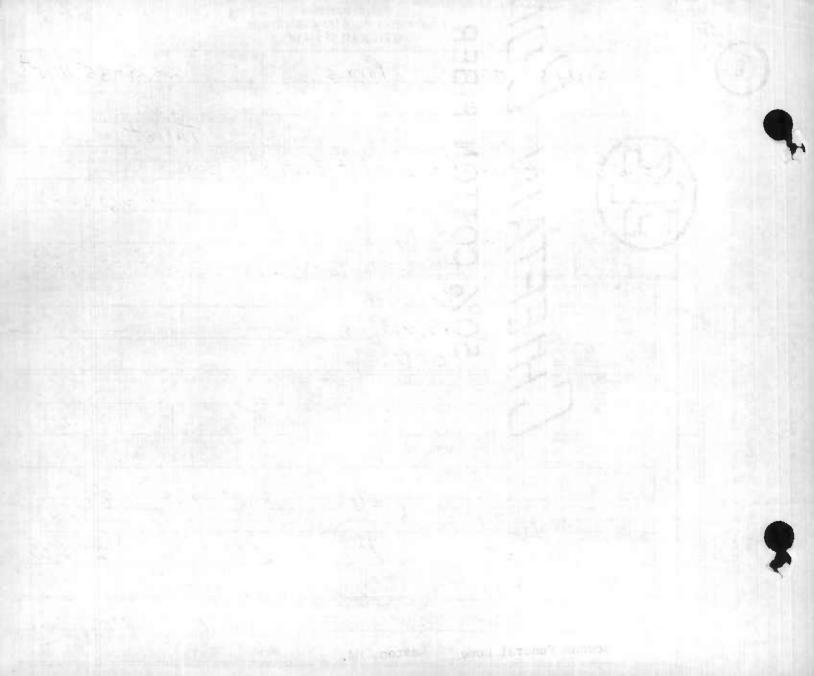
## STATE OF MARYLAND

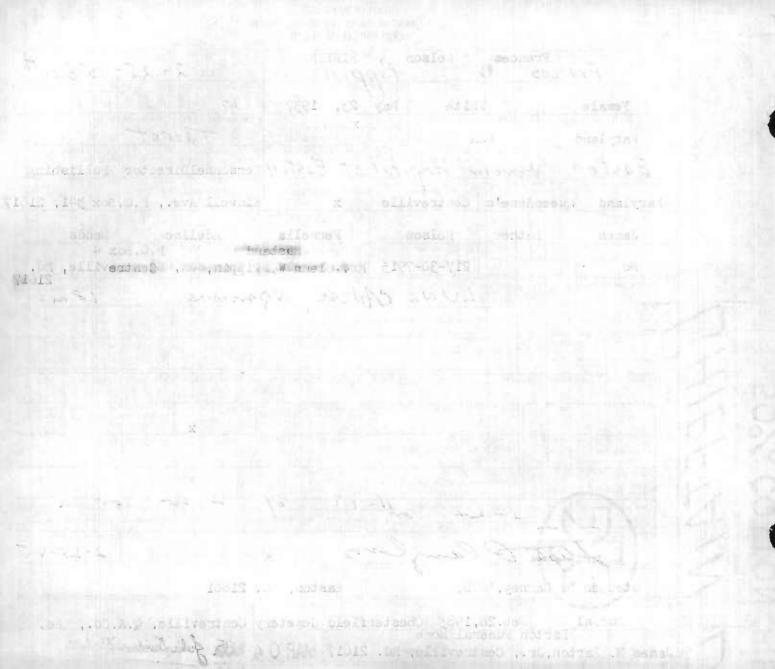
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

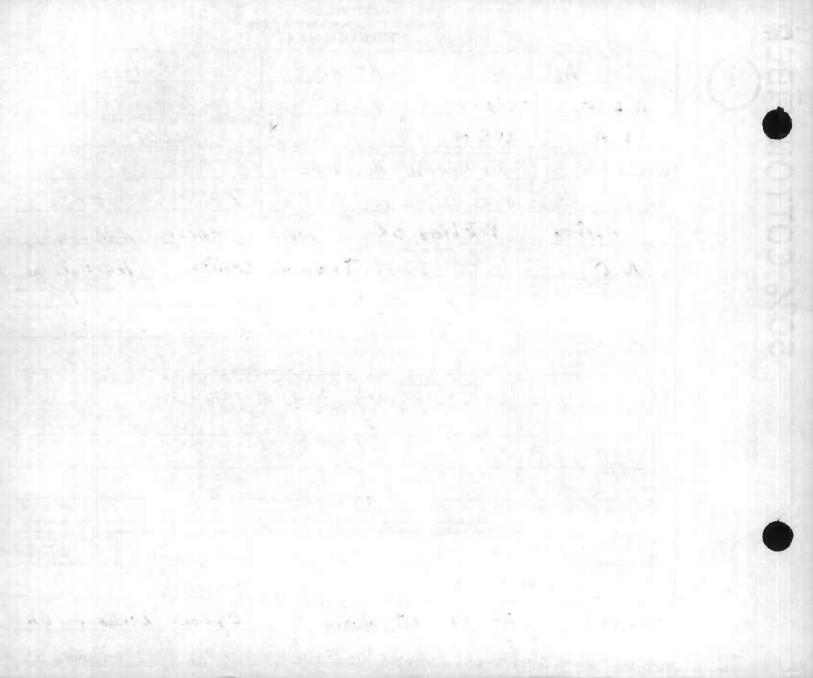
/	REGISTRAR			CERTI	FICATE OF DEATH		REG. NO.		
	CEASED NAME	FIRST	MIDDLE	/	<b>9</b> 51	20 DATE	OF DEATH MON	NTH DAY YEAR	2b HOUR
	Erei	411	H-LMIRA	r	18815		2	-28-85	11:1.
3. SE	Х	4 RAC	E	5. DATE	OF BIRTH		YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER
	female		ıcasian	/	21 1894			YRS	
n	IRTHPLACE (STATE OR FO		ZEN OF WHAT COU	MARRI	D NEVER MARRIED	9 BALTIM	ORE CITY OR CO	OUNTY OF DEATH	
	aryland		JSA	WIDOW	ED DIVORCED  OR OTHER INSTITUTION		LOCCUPATION	90 /	oc Billeibir
18	Easton	Me.	MOYIAL I	TOSOITO	lat East	On Hot	usewife	DRKING LIFE) INDUSTRY	OF BUSINE
USU 13a	AL RESIDENCE (IF NURSIN	IG HOME OR OTHER IN	13c. CITY C	CE BEFORE ADMISSION	1 13d. INSIDE CITY LIMIT	TS? 13e.STREET	ADDRESS / ZI	P CODE	
	ryland	Talbo	t Eas	ton	YES X NO		Feder	al $St./2$	601
7/	ATHER'S NAME FIRST	MIDDLE		AST	fs. MOTHER'S MAIDE		MIDDLE	LA:	ST
4/	Charles	LUC IBUED S		ance		abeth	and Delt Det Cit	Roe	
	WAS DECEASED EVER IN	(IF YES GIVE WAR O	R DATES)	AL SECURITY NO.	17 INFORMANT			Roundela	
	NO		218	3-34-76	06 Ralph I	). Parr	is Reyn		
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly ane	ause per line for to	(b), and ici				BETWEEN	MATE INTE
CERTIFICATION	PART 2 OTHER SIGNS				NOT RELATED TO THE		1	ON GIVEN IN PART 1	
N N		Day.				YES 🗌	II.	YES	
200	210. ACCIDENT WAS UNDE	<u> </u>	D. TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRE		P.M.	19	21f LOCATION				
M.	WHILE NOT WHILE	E D	HOME STREET, FACTORY,	OFFICE, FARM ETC )	STREET		CITY OR TOWN	COUNTY	S
27	220.1 certify that (I) (		ended the deceased	from A 2	127 10	85 10	2/28	19 67	that (l) (s
	saw the deceased	alive an	2 27 the body after death	19 85	nd that in (my) (aur) ap	inion death occur	red an the date (	and hour and fram the	couses sto
	22b. SIGNATURE	NOW	257		DEGREE  OD ATTENDIT		L STAFF	22c. DATE	SIGNED
7	224 PHYSICIAN'S NAV		dwler	1	22e ADDRESS Easton		1601		
230	BURIAL, CREMATION, R	EMOVAL 23b.	DATE /	23c NAME OF	CEMETERY OR CREMATE	ORY 23d LO	CATION		1111
В	urial	3	-4-85	Sprin	g Hill		ston	Talbot	Mo
	UNERAL DIRECTOR				250	DATE REC'D BY		REGISTRAR'S SIGNA	
04	Newna	m Funera	al Home	Easton	Md.	MAR 7	1985	- Land on the form	jarpa

DHMH - 16 60M 7/84 (VRA 15, 4)

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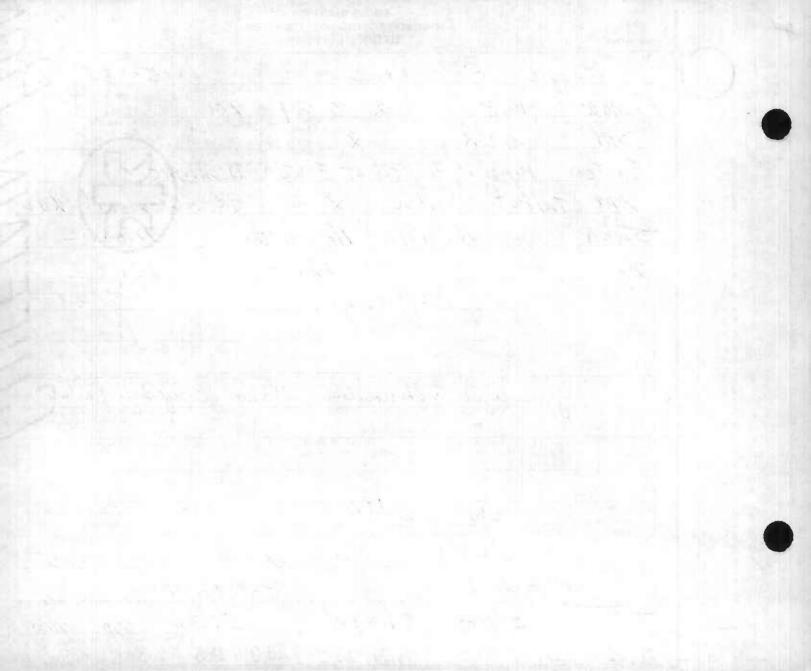






-	1.	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	
F		CEASED NAME FIRST (OR PRINT) Maggie	MIDDLE	Price	20. DATE OF DEATH MONTH	DAY YEAR 16 HOUR A
	3 SE	Femalo	B/K	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  / O YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
3/		MC	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY TO 160	Y OF DEATH
o notified		Easton  AL RESIDENCE (IF NURSING HOME OR OT	MEMORIAL HOSD.	ital at Easton	120 USUAL OCCUPATION LITYPEDE WORK FOR MOST OF WORKING	LIFE) 17b. KIND OF BUSINESS OR INDUSTRY
ne mest	13a :	ATHER'S NAME	but Easter	13d INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP CON	Wood Lup
2u		Jakn. MIE	ED FORCES? 166 SOCIAL SECUR	15 Henveit	ADDRESS	MorrIS
ле тефі	-	YES NO OR UNKNOWN) (IF YES, GIVE W		Theo	1/4	3 81 C E
other troumotic event, t		18 CAUSE OF DEATH (Enter only, PART I. DEATH WAS CAUSED I IMMEDIATE ( Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	BY:	herrya.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, or	NOI	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO D	ereselens	INAL DISEASE OR CONDITION OF	WEN IN PARTIO
no sino	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \( \begin{array}{c c c c c c c c c c c c c c c c c c c
Hear 18.	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	RART   OR PART 2}
orkedor	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218: PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	142	CITY OR TOWN	COUNTY STATE
m 21 is m		27a. I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (find not alive and	2/4 10 9		deoth occurred on the date and ha	
# # E		22d PHYSICIAN'S NAME (TYRE OR PE	HWooll	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	2/5/85
IMPORTANI	23a B	MWA	- Wood	E	ASTON Md	
_	7	WERAL DIRECTOR	23b. DATH 23c N.	AME OF CEMETERY OF CREMATORY	ENSTON	COUNTY STATE
OM 7/B4	29 1	Davie Andria	ADDRESS (	who mad FEB	O 7 1985 Sulla J	TRAR'S SIGNATURE

STATE OF MARYLAND



-	1.	FOR STATE REGISTRAR		DEPARTI	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	NE S S	0 6	2	2 5
13	(TYP)	CEASED NAME CORPRINT)	iolet	MIODIP.	Rasl	1	20. DATE OF DEATH	20 -	85	43
ン	3 SE	Female	4 RACE	Thite	5. DATE OF BIRTH MONTH DAY  Feb. 26. ]	YEAR 6	AGE (IN YEARS LAST BII		UNDER YEAR I	HOURS WA
46		RTHPLACE (STATE OR FOR COUNTRY)	Th CITIZEN C	F WHAT COUNTRY?	MARRIED LI NEVER	MARRIED 1	BALTIMORE CITY	BOT OF	FDEATH	
78		EQSTON	1 / M	SUCH FACILITY, GIVE STREET	HOSPITO		26 USUAL OCCUPAT ITYPE OF WORK FOR MOST ( Inspector	OF WORKING LIFE)	126. KIND OF INDUSTRY Poultry	
draw be wife	13a.	aryland	GHOME OR OTHER INSTITUTE 35 COUNTY Caroline	In GIVE RESIDENCE BEFORE 131. CITY OR TOW	sburg YES	NO X	Rt. 1. Bo		216	,37
057	)		<b>MDOLE</b>	LAST	Ella	S MAIDEN NAMI FIRST Morris F	leynolds		LAST	
The state of		WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)				champ, Rt.	No.	ederals	burg,
period, grammation, or remo- y, or other traumotic eveni		Canditions, if ony, v gove rise to imme cause (a), stating underlying cause	which oliate the lost.	OR AS A CONSEQUI		DIOTHE TERMIN	Loai	adition given	Yuz IN PART Ita	
ony injur	CERTIFICATION	190 DATE OF OPERATION	ON 196 COM	IDITION FOR WHICH	OPERATION WAS PERFO	DRMED	200 AUTOPSY?		VERE FINDING	
marked or her III sh	MEDICAL CER	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IN EITHER NOTHY MEDICAL 21d. INJURY OCCURREL WHILE NOTWHILE AT WORK AT WORK 22a. I certify that (I) (t	USE OF DEATH LEXAMINERI  D 21e PLAC	OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET FACTORY OFFICE I	AY YEAR 19 211 LOCATI	ON	D (ENTER NATURE OF INJU		COUNTY	STATE
Stote Dept of He		saw the deceased	olive on Jew that to	20 19	85 and that in (my	ATTENDING PHYSICIAN	MEDICAL STA	11		uses stated
ORT										

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

H FUNERAL DIRECTOR

the said of the said Forale Naite seh, 25, 19001 88 1 A.C.T Cast willow a discovered the sould be sould be sould Pareland Caroline Paderalance (At. 7), Sox Pile Aplowed sirros eliz - CHIER THE STATE 219-14-3974 Clemmie cauchamp, at. 1, nox 334, hd. . ortal . Jat. 23, 1985 Bloomery Comptany . Mr. Feder Carpton, Ma.

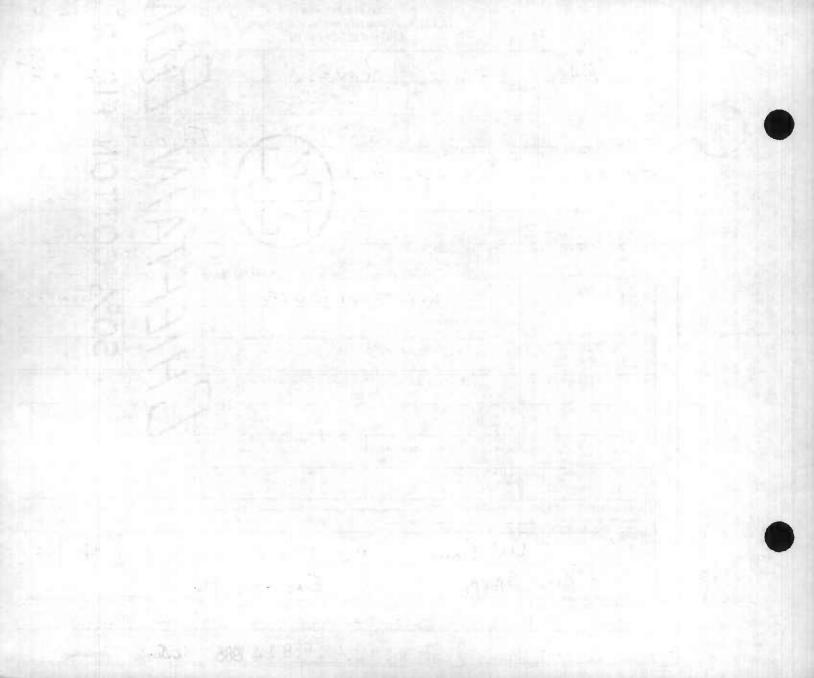
DHMH - 16 60M 7/8

(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	0		
		CEASED NAME FIRST MARY		lice	K	PAVES	20 DATE OF DEATH	2- 10	Y YEAR	26 HOUR 50
	3 SEX	· · · · · · · · · · · · · · · · · · ·	4 RACE	1100	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
		emale	caucas		8	14 1898	86	YRS		HOURS MIN.
6	(	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	1 h +	- DEATH	
1		TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME S	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
8	HSHA	EASTON AL RESIDENCE (IF NURSING HOME OR	1116	MORIA	LH	SpitAL	Ret Senior		L	oloy.Servi
6	13a. S	TATE 136 COUN	1bot	13c. CITY OR TOW Easton	N	130 INSIDE CITY LIMITS?	13e STREET ADDRESS		St./	21601
1		THER'S NAME FIRST	WIDDLE	LAST	n d	15 MOTHER'S MAIDEN NA			LAS	T
1	16a W	VAS DECEASED EVER IN U.S. AR		Drummon 166 SOCIAL SECU		Mary 17 INFORMANT	40 DR	obs Cr	Collin	
	NO		E WAR OR DATES)	213-24	-200	George A.				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause per D BY. TE CAUSE (a)	line for (a), (b), and	A	PAILURE	,		-	ENTHS.
				R AS A CONSEQUE	NCE OF			371	7	
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF				10.	
	NO	PART 2. OTHER SIGNIFICANT (		ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	N IN PART 10	a l
?	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
1	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TB PAR	T T OR PART 2)	
1	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY SEET, FACTORY, OFFICE F	ARM ETC }	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	H	22a 1 certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did no			, a	nd that in (my) (aur) apınıan	to death accurred an the d	nte and have a		that (I) (we) last causes stated
1		226 SIGNATURE	· hw.	Prove		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 10 85
		224 PHYSICIAN'S NAME (TYPE O	. RA	Ń		22e ADDRESS Earth	on, trd.			
	23a. B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
9		mation INERAL DIRECTOR	2-11-	85  Sa	lisb	ury Cremato	ry Salisb		Vic.	Md.
•		wnam Funeral	Home	East	on. I	Md. FEB 1	4 1985	Swidson	-Rande	52.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH I. DECEASED NAME TYPE OR PRINTS mes A AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 1. SEX 4 RACE 5 DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Md. U.S.A. WIDOWENIX DIVORCED T 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LASTON THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION UAL RESIDENCE (IF NURSING 13a. STATE Cambridge 13d INSIDE CITY LIMITS? Rt 3 Box 188 Md. Dorchester XXON 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Edward Lula James Ruark Simmons 17 INFORMANT ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. HEYES, GIVE WAR OR DATES) 216-09-9216 James C. Ruark Jr. Item # 13 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: Meollo CIW/Q IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF grua mil Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) MARLE NOT WHILE 22a.1 certify that (1) (his hospital) attended the deceased from and that in (aur) opinion deoth occurred an the date and have and fram the causes stated id) (did not) wew the bady ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN -DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY [SPECIA]

Glenn Haven Mem.

Glen Burnie 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Lia Davidson

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

THOMAS FUNERAL HOME CAMBRIDGE ND.

(VRA 15, 4)

THE REPORT OF THE CHARACTER AND THE STATE OF

1	_ FOR		n		TE OF MARYLA	AND MENTAL HYGIE	. 5	6 2	2 2 1	3
12	1 - STATE REGISTRAR					ICATE OF DE		10		500
10	1. DECEASED NAME	FIRST		WIDDLE	LAST		20. DATE KNOWN	MONTH DA	AY YEAR	26. HQUP
Sunnie I	(TYPE OR PRINT)	ONT	A T 7737 A BIT	S S	ANCHEZ		OF ESTI-		_ 19 85	8D "
54	RIC	RACE 5	ALEXANI DATE OF BIRTH	6. AGE IN YE	ARS IF UNDER 1 YR	R. IF UNDER 24 HRS.	2c. DATE	MONTH 2	AY YEAR	2d HOUR
	male	white	2 21	YEAR LAST BIRTHD	RS. MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD		19	AA
	BIRTHPLACE (STA		CITIZEN OF WH.			NEVER MARRIED X	9 BALTIMORE CITY	OR COUNTY O		741
14	Nebrask		USA		WIDOWED	DIVORCED	Talbot			AAD
1	NEDI ASK	F DEATH II	, NAME OF HOSP	ITAL, NURSING HOM		TUTION 120 US	UAL OCCUPATION (T	YPE OF WORK 17h	KIND OF BUS	
14	Easton	F		lemorial	Hospita		MOST OF WORKING LIFE)		OR INDUSTRY	
1	SUAL RESIDENCE (1)	FIN NURSING HOME OR OT		RESIDENCE BEFORE ADMISS	ON)			21	latt	
6	Marylan	d Talb	ot	Easton	YES T		4 Box 32	1 Foo	ton M	a
	14 FATHER'S NAME	T I Tain	OL	Laston		HER'S MAIDEN NAMI		I, Eas	ton, M	ш
n	Robert		tler	Conchor		FIRST	WIDDLE		TIA CO CO	
7	160 WAS DECEASED	EVER IN U.S. ARMED		Sanchez		Lynn	Georgan	iie ss	Huggar	11
ı	(YES, NO, OR UNKNOW	(IF YES, GIVE WAR	OR DATES)	NONE	Day I	Robert Sa	mohor a	00 120		
ł	NO LIA CAUSE OF	DEATH (Enter anly a	ne couse per line f		DL	KODELL DE	inchez s	ee 13e	APPROXIMATE II	NIERVAL
П	PARTIDEA	TH WAS CAUSED BY	Υ.					-	BETWEEN ONSET	AND DEATH
	7 820	IMMEDIATE C	DUE TO, OR A	ocardial	or or	2				100
		, if any, which	Wa	hicle a	and domb					
		to immediate tating the under-		AS A CONSEQUENCE						
	lying couse	lost.	1							
1	PART 2 OTHER SIGN	IFICANT CONDITIONS CON	TRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDIT	TION GIVEN IN PART 1 a				
1										
Я	190 DATE OF COUNTRIBUTION TO THE COUNTRIBUTION TO T	PERATION	196. CONDITI	ON FOR WHICH OPE	RATION WAS PERFO	ORMED?		21	0 AUTOPSY?	
)	¥								YES 🗆	NO.D.
7	21a EXTERNAL		21b. TIME OF		21c HOW INJU	RY OCCURRED (ENTER	NATURE OF INJURY IN ITEM I	IS PART T OR PART 2)	1000	XX
7	UNDERLYING CONTRIBUTING	OR GECAUSE OF DEA	7 . 5 MP	27. 23198		flinned	haalmaa	1-		
1	21d. INJURY OC	CURRED	21e PLACE O	FINJURY (AT HOME,	211 LOCATION	rrthheo	backwar	us		
	WHILE AT WORK	NOT WHILE X	Wood	Tand'	near	Easton	Talbo	t COUNTY	Md.	STATE
			1 the semains days	ribed abave, held on	Autopsy .	Inspection .	- 1	ond in my opiniai		
	death resulted						Inquiry X_, contermined monner	and in my opiniai	n	
1	death resulted	Date of C	doses,	Accident LAI, Se		(SPECIFY)	rermined monner	*		
	ACTUAL SIGNATURE	Zowi	s AX	elte		-	ICAL EXAMINER	DATE	2-23-8	05
7	Maria de la composición della				M.D	MEL MEL	JICAL EXAMINER	SIGNED_	2-23-0	33
0 2	EXAMINER'S N	AME L	ouis S.	Welty	ADDRESS	Easton.	Md /			
	23a BURIAL, CREMATI		DATE	23c. NAME OF CE	METERY OR CREMA		DCATION	COUNTY	STA	75
	Burial	2	-26-85	Spring	Hill Cer	metery F	laston	Talbot	hM.	
	24 FUNERAL DIRECT		ADDRESS			250. DATE RECID B	REGISTRAR 256 REC	SISTRAR'S SIGN	14 TURFULL	
		Funeral		Easton.	Md.	Tree or				

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

or offending physicion

TO HOSPITAL OR ATTEN

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

ge 4 moy be

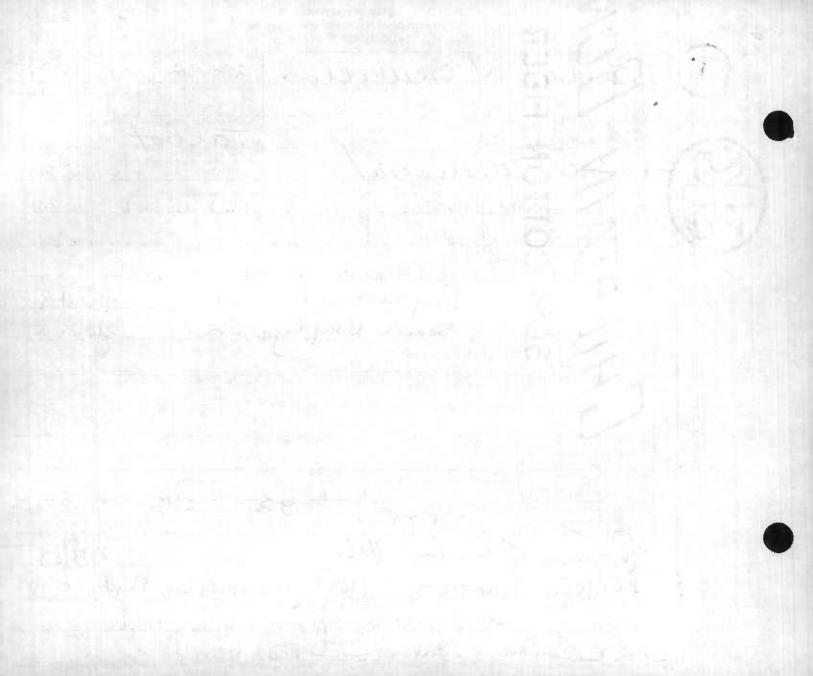
completely filled in by the funeral director

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR					IFICATE OF I			REG. NO.			
	EASED NAME	FIRST	0 "	MIDDLE		LAST 1 1		2a. DATE OF D		DAY	YEAR 2b H	OUR
	Jan	1 ust	14	. 2	ew.	all	, Sr.	2-	10	-8	5 8	1
3 SEX		4.	RACE		5 DATE	OF BIRTH	YEAR	6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER	DAYS HOU	_
	ale		White		Ja	_	1919	66		rRS		
7a 8IR	RTHPLACE (STATE OR F	OREIGN 76	CITIZENOF	WHAT COUNT	RY? 8 MARR	IED NEVER	MARRIED -	9 BALTIMORE	CITY OR COL	UNTY OF DEA	ATH	
_	ew Hampsh		USA				NORCED _	10	600	7		
M CII	TY OR TOWN OF DEA	TH 1		HEACILITY, GIVES		OR OTHER INS	TITUTION	12a USUAL OC	OR MOST OF WORK	ING LIFE) INDL	USTRY Pa	iness nt
Œ(	20/00	~ 1	uce	eu		4		Painte	er	Co	ontrac	ting
13a S		the County		13c CITY OR 1	TOWN	13d INSIDE		13e STREET AD				
	aryland	Caro	line	Ridgel	ly	YES -	NO X	Rt. 1	Box 1	59 E	2	166
ATA	FIRST	MIC	DDIE	LAST		13 MOTHER	S MAIDEN NA		MIDDLE		LA57	
14 - 04/	Clarence (AS DECEASED EVER		E.	Sewa			Myrtie_		ADDRESS		Cumm	ins
[1]	ES NO OR UNKNOWN	I IF YES GIVE W							ADDRESS			
Y	es	<u>ww i</u>			0 2165	Paul	S. Sew	ıall	Viola,		ADDOCAVIMANE	NITE DV/ A
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED I	ane cause per BY	line for 191, (b	ond ic.	alm	F			BE	APPROXIMATE TWEEN ONSEY	AND DE
		IMMEDIATE (	CAUSE (a)	1	272	200	1000	Circ	_	Y	MONI	1
					O	A. J						
			DUE TO, OF	RAS ACTISE	EQUENCE OF	De Jane	ol	0-4- 0		11	lann	-
	Conditions, if ony, gove rise to imm	nediate	DUE TO, OF	R AS A SPISE	QUENCE OF	Em	plys	ema		4	four	0
		nediate g the	(b)_	R AS A CONSE	nere	Em	phys	ema		1	Jean	0
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MEDICAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COUR (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 22d I certify that (1), saw the decease obout (1) (1) (1)	INTERPORT OF THE PROPERTY OF T	DUE TO, OF (c) NDITIONS CONDITIONS CONDITION	TION FOR WHE	DAY YEA	21f. HOW IN 21f. LOCATI STREE	ORMED  AJURY OCCURR  ON  T	200 AUTOP: YES h RED (ENTER NATUL  death accurred of	SY? 206. IN C IN C RE OF INJURY IN ITE CITY OR TOWN  STAFF	IF YES, WERE ERTIFYING C. YES  MIS PARTIORP  COU	FINDINGS L AUSES OF D NC ART 2)	STAT
MEDICAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COUR (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 22d I certify that (1), saw the decease obout (1) (1) (1)	DERLYING	DUE TO, OF  DUE TO, OF  (c)  19b. CONDI  21b. TIME O  HOUR A./  21e. PLACE (  [AT HOME, STR	TION FOR WHE	DAY YEA	21f. HOW IN 21f. LOCATI STREE	ON 1 (our) opinion of ATTENDING PHYSICIAN	200 AUTOP: YES h RED (ENTER NATUL  death accurred of	SY? 200. IN C IN C RE OF INJURY IN ITE CITY OR TOWN  The date once	IF YES, WERE ERTIFYING C. YES  MIS PARTIORP  COU	FINDINGS L AUSES OF D NC ART 2)	STAT
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MEDICAL CERTIFICATION	GOVE rise to imm couse [a1, statin underlying couse]  PART 2 OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING OF CONTRIBU	OFFICE OF DEATH  AUST OF DEATH  CALEXAMINER)  RED  III.E  (this hospital addition only)	DUE TO, OF (c)  NDITIONS CO  19b CONDI  21b TIME O HOUR A./ P./ 21e PLACE (IAT HOME, STR	R AS A CONSE  TION FOR WH  FINJURY M. MONTH M. MONTH OF INJURY EET, FACTORY, OFF	DAY YEA	216. HOW IN 211 LOCATING and that in (my) 222e ADDRES 303	ON 1 (our) opinion of ATTENDING PHYSICIAN	200 AUTOP: YES TO THE NATURE AND THE	SY? 288. IN CO IN CONTROL OF TOWN  STAFF PHYSICIAN  ON	IF YES, WERE ERTIFYING C. YES  MIS PART LORP  COU  A 190  d hour and fro	FINDINGS L AUSES OF D NC PART 2) INTY that pm the cause	STAT
MEDICAL CERTIFICATION	GOVE PISE 10 IMPRICATE 190 DATE OF OPERAT 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CITE (IF EITHER NOTHY MEDIC 21d INJURY OCCURR AT WORK NOTH MEDIC 10 Saw the decease above. (I) (yell of 22b. SGNATURE) 22d DAYSICIAN'S NATURE 22d DAYSICIAN'S NATUR	OFFICE OF DEATH  AUST OF DEATH  CALEXAMINER)  RED  III.E  (this hospital addition only)	DUE TO, OF  (c)  19b. CONDI  21b. TIME O HOUR A./ PLACE [AT HOME, STR.]  ) ottended the	PR AS A CONSE	DAY YEA  19  FICE, FARM, ETC.)	216. HOW IN 211 LOCATING and that in (my) 222e ADDRES 303	ON 19 ST 19	200 AUTOP: YES	SY? 200. IN COME OF INJURY IN ITE	IF YES, WERE ERTIFYING C. YES  MIS PARTIORP  COU	FINDINGS L AUSES OF D NC ART 2)	STAT



STATE OF MARYLAND

Item 13e per phone 3/8/85 dad

Nutchmen's Lane MAR OF BEE CLEAN TO SEE SEE CALL TO A SEE ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and cashould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

retained by the haspital or attending physician

TO HOSPITAL OF

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

completely filled in by the funeral director, page 3 ond 2 should be filed within 72 hours after death

STATE OF MARYLAND

6

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKTIFICATE OF	DEATH	REG. N	0.		
	CEASED NAME FIR	rst CC	OVER	LAST		20. DATE OF DEATH	MONTH DAT	Y YEAR	26 HOUR O
LITP	EORPRINT) TOSS		OVER	Shrous			2-23	-85	1100
3 SE		4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
		white		Jan. 21.	1903	82		NIHS DAYS	HOURS MIN
	male IRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	l		9 BALTIMORE CITY O	OR COUNTY O	F DEATH	
3	COUNTRY)			MARRIED T NEVER		TAI	DOT		
-	Maryland ITY OR TOWN OF DEATH	U.S.		HOME OR OTHER INS	ONORCED [	12a USUAL OCCUPAT	001	Las KIND O	OF BUSINESS C
-	- 4		H FACILITY, GIVE STREET AC		1	(TYPE OF WORK FOR MOST		cann	ing &
=	ASTON	Mer	norial	4030	1Tal	manager			en fo
		COUNTY	130 CITY OR TOWN	134 INSIDE	CITY LIMITS?	13e.STREET ADDRESS			
_		Talbot	Eastor		NO 🗌	230 S. A	urora	St./	2160
14 F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER	E'S MAIDEN NA	WE		LAS	LT.
	Thomas Je	sse Shrev		I	rene	Cover		170	
	WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECUR			ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	214-03-	3138 Anit	a T. S	Shreve	see :	item	13
	18 CAUSE OF DEATH (E)					/1			IMATE INTERVAL
	PART I. DEATH WAS		line lar lai, (b), and	(6	1 Man	ini Hook	p	BETWEEN	ONSET AND DEAT
	IMA	MEDIATE CAUSE (0)			(Atiles)	NC INDE	>1		
		DUE TO, O	R AS A CONSEQUEN	ICE OF ANNE	win Au	1. /ATTOON les	FARETH	1	
	Canditions, if ony, wh			108.11	06 /0-	TOCHIENNIC. IN	MICHA		
	gave rise to immedia		R AS A CONSEQUEN	ICE OF	ZONAP.				
	underlying cause lo	ast.		Co!	LOVAIDE	DISEAS	6		
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT RELATE	D TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	V IN PART 1	a
S	The Property	22.0	37-11-						
CERTIFICATION	19a DATE OF OPERATION	I I96 COND	ITION FOR WHICH O	PERATION WAS PERF	ORMED	200 AUTOPSY?		WERE FINDIN	
E	THE STREET					YES T NOT	IN CERTIFYI		OF DEATH?
ERT	210 ACCIDENT WAS UNDERLY	ING   21b. TIME O	F INJURY	121r. HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJI			110
	OR CONTRIBUTING CAUSE	110110 4	M. MONTH DAY	YEAR		TED (EINER INIONE OF HIS	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
S.	(IF EITHER NOTIFY MEDICALE)			19					
MEDICAL	214 INJURY OCCURRED	210 PLACE	OF INJURY REET FACTORY OFFICE FAR	M ETC ) 211 LOCAT		CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE			1.0	Serve	/ 1	- 2	0	
	27s.1 certify that (1) this	hospital attended th		CI	1905	, ta	19	05	that (I) (we)
100	saw the deceased a	up-sit	2/23 19 8 olter death.	5 , and that in (my	our) opinian	death occurred an the d	ate and hour a	and from the	causes stated
	775 SIGNATURE	700	offer death.	DEGREE				77c DATE	SIGNED
	3	- WI	hicke	- M	ATTENDING	MEDICAL STA		12/7	2/00
	224 PHYSICIAN'S NAME	LINDS OF STRUCK		22e ADDRE		DIRECTOR   PHYSI	CIAN	10/0	2/07
	220 PHE ANSINAME	- 1-1-	10000)	LIZE ADDRE		0-10 0-	Car	A -	1
	DEDN	U. F.KI	(COMAN)		0 5 /00	ervel ct	CN SI	DN 1162	
	BURIAL, CREMATION, REM	AOVAL 236. DATE	23c. NA	ME OF CEMETERY OR	CREMATORY	23d LOCATION			
	Cremation	2-24-	1985 De	lmarva Cr	'emator		Suss	COUNTY	elawa
24 F	UNERAL DIRECTOR	<u> </u>	705   DE	Imar va OI		E REC'D. BY REGISTRAF	25h DECISTON	APIC CICALAT	1105
	Newnam Fun	eral Home	e ADEas	ton, Md.	CC	R 2 7 1095	A. Jul	idson-1	andelle
				,		III CI I INKKI			9

\$11 8 FEB 4 TOBJAT LATICAL (empris) VOTERS

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

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in ofter death should be detached for use as the burial-transit permit. Then please remove carbang with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or rem injury, or other troumatic TO FUNERAL DIRECTOR: After this certificate has been MPORTANT: If Hem 21 is marked or May 18 th FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.			
	CEASED NAME FIRST	225	MIDDLE	S	mmons	20. DATE OF DEATH	MONTH DAY	85	2b. HOU	100
3. SE	x female	4 RACE Cau	l o	S. DATE C	DAY YEAR	6 AGE (INYEARS LAST BII		UNDER I YEAR	HOURS	MIN.
7a. B	RTHPLACE (STATE OR FOREIGN		what country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	R COUNTY O	FDEATH		MD.
III. C	Easton #		ACILITY, GIVE STREET A		HOSpital	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWII	ION DE WORKING LIFE) C	126. KIND OI INDUSTRY Sam		SSOR
13a S	AL RESIDENCE (IF NURSING HOME OF	oline	GIVE RESIDENCE BEFORE  134 CITY OR TOWN  Harmony	ADMISSION) N	13d INSIDE CITY LIMITS? YES AO	13e STREET ADDRESS Rt. 1 BC	ZIP CODE (	Hari	mony	7
1	ATHER'S NAME Louis Fran	«lin	Kline		Theresa	Mary		rodeÿ	т	
		MED FORCES? VE WAR OR DATES)	212-26-		John D. Si	mmons, Ha			MATE INTERV	
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION	(c)CONDITIONS <u>CC</u>		EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED	) H?
MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE ALWORK ALWORK 270. I certify that (1) (this hosp saw the deceased alive on above, (1) (we) (did) (did no 270. SIGNATURE  272d. PHYSICIAN'S NAME YIVE C  Stephen P. Ca	P. PLACE (AT HOME STE	M. MONTH DAM.  OF INJURY REET FACTORY, OFFICE FA  e deceased from  after death	19	211 LOCATION STREET  211 LOCATION STREET  19 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN  27e ADDRESS  Easton, Md.	death accurred an the d	17, 19 ate and hour o	COUNTY	that (I) (w	rate ve) ldsi
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N		emetery or CREMATORY Order Cem.	Prestor	1 . 20 . 2	orine	Me	A IE
X	UNERAL DIRECTOR	seroul	- ADDRASSE	dera	labury, MFEB	2 5 1905 rg	10 es Dundy	ne araik);	me - "	

DHMH - 16 60M 7/84 (VRA 15, 4)

D. I. W. S. T. L. S. T. 

## FOR - STATE

in by the funeral director page 3 oe filed within 72 hours offer death

ws any injury, or other froumatic event, the

IMPORTANT If them 21 is morked or them. 18 show

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal

executed within

certificate

deoth o

thot the

PHYSICIAN: The offending physicion

OR ATTENDING

TO HOSPITAL

retained by the hospital or

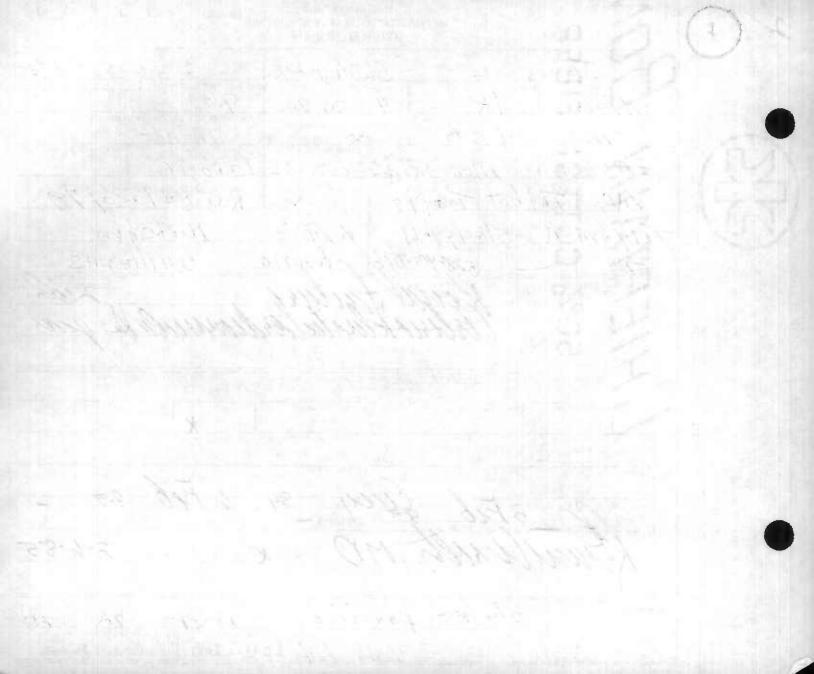
BP

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RE	GISTRAR		CERTIFICATE OF DE	AIR	REG. N	0.		
	SED NAME FIRST	WIDDLE	LAST	20.	DATE OF DEATH	MONTH DAY	YEAR 7b	HOUR
TYPE OR P	JAMES	- 4	SLAURH	ter	2	-6-5	75	4-45 M
3 SEX		RACE	5 DATE OF BIRTH	6 A	GE (IN YEARS LAST BIR			NDER 24 HRS
	1126	BIX	4 30	92	92	YRS.		URS MIN.
70 BIRTH		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	RRIED 9 B	ALTIMORE CITY O	OR COUNTY OF DE	ATH	
	mc	11500	WIDOWED DIV	DRCED [	TAL	Dot		MD.
10 CITY O	OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTIT		USUAL OCCUPAT		KIND OF BU USTRY	SINESS OR
IISHAL D	ESIDENCE (IF NURSING HOME OR DIT	GRIPPING ON BUREAU BLOKE	ALHOSPI	+ALIL	a Dove	ry 1	-,,,	1-20
130 STAT				STIMIL STIMIL	KOLLO	# 190E/20	97	813
14 FATHE	ER'S NAME	DIE / LALY/	IS MOTHER'S A		WIDDID	, , .	LAST	
71	194mon	5/849 AU	( 12)	116	Mc	14011	n	
	DEREASED EVER IN U.S. ARME		TA 9/	una	ADDR	1. 11.		
	7/0	5/8/100	101 DW	2110	u		mS	-
18	PART I. DEATH WAS CAUSED B	one couse per lyfe for (a), (b), and 3Y,	VINI	111		-	Z /	1
1018	IMMEDIATE	CAUSE (o)	Homes	My)	1	0 1	10	011
		DUE TO PRESENTE	Delisali.	1/041	101/11	olly Di	. 11	114
9	onditions, if any, which ove rise to immediate	Commi	nugen	6000	wegge	maga	gui	000
	ouse (a), stating the inderlying couse lost.	DUE TO, OR AS A CONSEQUE	VCE OF				/	
PA	RT 2 OTHER SIGNIFICANT CO.	NDITIONS CONTRIBUTING TO D	EATH BUT NOT BELATED T	O THE TERMINIAL	DISEASE OF CON	DITION GIVEN IN F	PART 1/a	
NO			2011-01-1121-120-1	O THE TERMINA	DIOLAGE ON CO.	DITION ON EN INT	AKT III	
¥ 190	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORA	MED 2	On AUTOPSY?	20b. IF YES, WERE		
CERTIFICATION 161				Y	ES NOW	IN CERTIFYING C		OEATH?
₩ 21a	ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJU	JRY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2}	
A OR	CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	19					
	I. INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION		city Op 10	COL	YIMI	STATE
2 10	Mode D Not would D	TAT HOME STREET PACTORY, OFFICE, PA	Del.	,,	, E			
	I certify that Tithis hospital	mend d the dicesed from	july	19.04	10/0/1	198	Z, that	(I) (we) lost
	sow the decorded after on above in its idid ided not	ew the body after death.	and that in (my) (q	ur) opinion death	occurred on the d	ate and hour and tr	om the cause	es stoted
223	SIGNATUR	111,000	DEGREE				DATE SIGN	VED
	KIMMA	WKBHA			EDICAL STA		1-le	85
224	AND REAL SANGUE WINDOW	Min V	77e ADDRESS		YI - ULL			
	The District							
230 BURI			AME OF CEMETERY OR CR	EMATORY 2	3d LOCATION	(OUN)		STATE )
		2/9/85 4	25180436		Tropp	2 77	9	Md.
24 1494	RAL DIRECTOR	ADDRESS	10 1. M	250. DATE REC	D. BY REGISTRAR	25 REGISTRAR'S	IGNATURE	
246	oral ornario	W_	Yenton Dol	LFR O	7 1985	Julia Davids	m-Rand	الملاك

Lulia Davidson-Randall

DHMH - 16 60M 7/84 (VRA 15, 4)



1		STATE REGISTRAR EASED NAME	FIRS1	WIDDLE	MENT OF HEALTH AND CERTIFICATE OF		REG. 1		AY YEAR 2
		OR PRINT)	iita	-	Stanford	Jockson	)	20	185
3	SEX	Female	4. RACE	Lack	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST B		IF UNDER I YEAR I
35		THPLACE (STATE OR FO		OF WHAT COUNTRY?	MARRIED   NEVER	MARRIED .	BALTIMORE CITY		COUNT
E/S	3	is or town of DEAT	(IFNOT IN	STON MC	roRial	STITUTION	128 USUAL OCCUPA ITYPE OF WORK FOR MOST		12b KIND OF INDUSTRY Fishery
25	30 S	L RESIDENCE (IF NURSIN TATE Maryland	G HOME OR OTHER INSTITUTI 3b COUNTY Caroline	13c. CITY OR TOW Preston	E ADMISSION) /N 13d. INSIDE (	CITY LIMITS?	Rt. 2 Box	/ ZIP CODE 184	21
		THER'S NAME Arthur Mo	atgomery	Stanford		'S MAIDEN NAM	Virginia	dohns	LAST
2 dedica		AS DECEASED EVER IN	U.S. ARMED FORCES (IF YES GIVE WAR OR DATES				Rt. 2 Bo	RESS	
0 0		Conditions, if any,	which ( 1b)	, OR AS A CONSEOU	ENCE OF				
y, or ather trou		gave rise to imme couse (a), stating underlying couse	which ediote the lost. (c)	OR AS A CONSEQUE		D TO THE TERMIN	VAL DISEASE OR COI	NDITION GIVE	N IN PART 1:0
owe prior to outrain, cremation	IFICATION	gave rise to imme couse (a), stating underlying couse	which adjusted the lost.	OR AS A CONSEQUE	ENCE OF		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING
nygiene prior to	ICAL CERTIFIC	gave rise to imme couse (o), stating underlying couse  PART 2 OTHER SIGNI  190 DATE OF OPERATION  210, ACCIDENT WAS UNDE OR CONTRIBUTING CALL  (IF EITHER NOTIFY MEDICA  21d INJURY OCCURRE	which ediote the DUE TO. (c).  FICANT CONDITIONS  ON 19b CON  RLYING 12b Th. TIME  USE OF DEATH HOUR  LEXAMINER 12b TH. ALL EXAMINER 12b TH. ALL EVALUATIONS	OR AS A CONSEQUE	DEATH BUT NOT RELATE  OPERATION WAS PERFORM  AY YEAR  19  216 HOW II	ORMED  NJURY OCCURRE		20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES OF
nygiene prior to	MEDICAL	gave rise to imme couse (101, stating underlying couse PART 2 OTHER SIGNI 190, DATE OF OPERATION OF CONTRIBUTING CALIFETHER NOTHY MEDICA 21d. INJURY OCCURRENT AT WORK NOT WHILE AT WORK 220.1 certify that	which ediote the DUE TO. (c).  FICANT CONDITIONS  ON 19b CON  RLYING 12b Th. TIME  USE OF DEATH HOUR  LEXAMINER 12b TH. ALL EXAMINER 12b TH. ALL EVALUATIONS	CONTRIBUTING TO DESCRIPTION FOR WHICH  E OF INJURY A.M. MONTH DA P.M.  CE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORM  AY YEAR  19  216 HOW III STREE	ORMED  NJURY OCCURRE  ION  19 8 5	200 AUTOPSY? YES NO D	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PAI	WERE FINDING ING CAUSES OF THE PROPERTY OF PART 2)
nygiene prior to	MEDICAL	gave rise to imme couse (o1), storing underlying couse (1), storing underlying couse (1), storing (1), storin	which ship diete the DUE TO. Ici.  FICANT CONDITIONS  ON 196 CON  RLYING 196 C	CONTRIBUTING TO DESCRIPTION FOR WHICH  E OF INJURY A.M. MONTH DA P.M.  CE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORM  AY YEAR  19  216 HOW II  STREE  AND THE TOTAL TOT	ORMED  NJURY OCCURRE  ON  1  19  3  (our) opinion de  ATTENDING  PHYSICIAN	Z00 AUTOPSY?  YES NO D  CITY OR T	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PAI	WERE FINDING ING CAUSES O  TO PART 2)  COUNTY  9

Federalsburg, Md.

" . Navidson Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

Framptom Hawkins

11 [] cou erestett 4Pl xol S . . . - noteers entioned buggers Active of a desired to the desired desired desired 12 219-05-8556 Hita Hollate, et. 2 Hox 184, Breston, Mt. A CAR AND A CARLED A CARLED A Bloom It was a reported by 2 to the second of the second Surfal Set, 16,1905 Compine state, Caroline std. Transfor Lividing Peterplakurg, dr. FFH 1 O 1885

STATE OF MARYLAND

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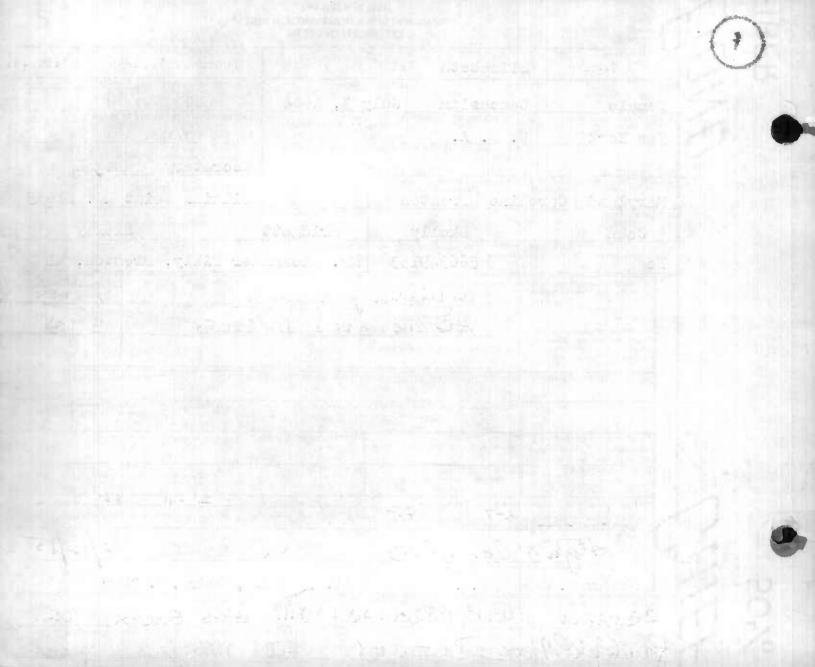
2		em 15e per phone 5/0/ FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYGIENE	S O REG. NO.	6 2 3 6
moy be		Eunice	M Tho ma  5. DATE OF BIRTH  MONTH DA	6. AGE 11		V YEAR 26 HOUR PART OF THE PAR
deoth. Page		COUNTRY MA U.S	WHAT COUNTRY? 8  MARRIED NEV  WIDOWED THE HOSPITAL, NURSING HOME OR OTHER I	7 92  ER MARRIED . 9. BALTIM	ORE CITY OR COUNTY OF	County MD.
ND 21201 24 hours after	M5U		HACILITY, GIVE STREET ADDRESS)  HON MEMORIA HE GIVE RESIDENCE BEFORE ADMISSIONI	S 10 Ha (TYPE OF WO	ADDRESS / ZIP CODE	126 KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120  cote be executed within 24 hours ysicion and completely little in the opers. Paget vol it, the medical completely little in the	1	ATHER'S NAME FIRST MIDDLE MAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR WINNOWN) (IF YES, GIVEWAY OR DATES)		FIRST ANDEN NAME	MIDDLE ADDRESS	Thomas
: # 4000 5		Conditions, il ony, which gove rise to immediate couse 101, stating the DUE TO, O	R AS A CONSEQUENCE OF  RAS A CONSEQUENCE OF  DELECTOR MORNINGER  RAS A CONSEQUENCE OF	amolar coma	me	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The low requires that the death cert cottending physician. Iter this certificate has been signed by the attending for the buriolitronsit permit. Then please remove corbon th and Mental Hygiene prior to buriol, cremation, or ren orked or them 18 shows any injury, or other traumatic ev	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS C.  Penul failure  190 DATE OF OPERATION  190 COND	ONTRIBUTING TO DEATH BUT NOT RELA	C. 12.93	TOPSY? 206 IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
VISION OF VITA  G PHYSICIAN. The  prending physicion  per this certificate  if the buriol-tronsit  and Mental Hygie  ked or item 18 sho	MEDICAL CERT	21d INJURY OCCURRED 21e PLACE	M. MONTH DAY YEAR  M. O. 2 16 1985  OF INJURY 211. LOC.	V INJURY OCCURRED (ENTER	7	
AL OR ATTENDING the hospitol or or at DIRECTOR. Aft, leftoched for use as its Dept of Health it. If hem 21 is mor		22a   certify that (I) (this haspital) attended th		, 19, to, to	L _ STAFF	
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME ALSHELD A	3-85 Vindlow		REGISTRAR 25b. REGISTRA 1985	MS SIGNATURE

MAR US BES CALLERY COM STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1.	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	REG. NO.	
1.1	1. DE	CEASED NAME FIRST	MIDDLE	- L	AST	26. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
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tely 2 sh ine		THER'S NAME			15. MOTHER'S MAIDEN NAM	ME	
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ysica oper ovol.		18 CAUSE OF DEATH Enter only	y ane cause per line far (a), (b), an	dic	0.11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Clarification of the strategies of the strategie		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	YEAR			
HYSI ading burn Mei or fit	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
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Spito Spito CTO I for of H		saw the deceased alive on above (1) (we (did))(did por	view the bady after death.	es or	id that in (my) (g/l) apinion o	death occurred on the date and hour o	and from the causes stated
or e ho DIRE DIRE Dept		226. SIGNATURE	1 1		DEGREE		220 DATE SIGNED
. 4		Januar a S	Auchen	N	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	X/23/85
OSPI ed be dbe dbe she S		220 PHISICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS		
etained by the standard by the Standard be determined by the Standard be determined by the Standard by the Sta			Bricker, M.D.		Goldsboro		
T 5 1 0 2 7 8	23a 8	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION  CITY OR TOWN	COUNTY STATE
BP	B	urial	2-27-85 Co	kers	Cemetery	Greensboro	CA MD
DHMH - 16 60M 7/84		JNERAL DIRECTOR	ADDRESS			E REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
(VRA 15, 4)	Jo	ohn E. Boulais	Greensl	oro,	MD FERO	Q 1005 Ld. K.	50

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE STATE REGISTRAR PAULIN TOWSON MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTIauline 041501 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED DEAD female BlackMarch 25 1953 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDXX FOREIGN COUNTRY! USA Talbot WIDOWED [ DIVORCED ent Co. Md. 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) EASTON Domestic 21678 UAL RESIDENCE (IF IN NURSING AND DETHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136 COUNTY 13g STATE 13c CITY OR TOWN Rte # 1 Bx 375 Md. YES AND NO IX Klent Worton 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Owen Towson, Julia Chambers HE SOCIAL SECURITY NO. RECORXS 1 Box 375 160 WAS DECEASED EVER IN U.S. ARMED FORCES ES. NO, OR UNKNOWN) Roxanna Manter Worton, Md. 21678 no 18 CAUSE OF DEATH (Enter only one cause per lim BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OW Conditions, if any, which gave rise to immediate emuse (a) stating the under-A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ASA 19s DATE OF OPERATION 19) CONDITION FOR WHICH OPERATION WAS PERFORMED? 26. AUTOPSY? NO [] THE EXTERNAL CAUSE WAS THE TIME OF INJURY THE HOW INJURY OCCURRED LEWIS NATURE OF HIGHY PHILM IS PART YOU PART TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Re PLACE OF INJURY (AT HOME 314. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK gs described above, held an and in my opinion 72s Lorrify that I to PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALFIMORE, MARYLAI death resulted fro ACTUAL MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME St. Michaels, Md. 21663 Lane Wroth, M.D. (TYPE OR PRINT) **ADDRESS** 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE STATE Burial Feb. 9, Butlertown Cem. RFD Worton, Md. 250. DATE REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Chestertown, Md. 21620FF James A. Perkins (VR A15 ME (5)) 20M 4/82

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)	1. DE	STATE REGISTRAR  EASED NAME OF PRINT)	MIDDLE Rutledge	Drange OF DEATH	REG. NO	MONTH DAY	YEAR THE HOUR'S	
	3 SE)	Pemale	Cauc.	5 DATE OF BIRTH MONTH DAY YEAR Jan. 22, 189	6. AGE (IN YEARS LAST BIR	LAST BIRTHDAY) IF UNDER LYEAR IF UNDER LYEAR IN UNDER LYEAR IF UNDER LYEAR IN UND		
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of Health on		22b SIGNATURE	~0	DEGREE ATTENDING	MEDICAL STAI	FF _	220 DATE SIGNED	
vitate Dept. of Health on		Slyk	DO Congles		DIRECTOR   PHYSIC	IAN		
with the State Dept. of Health on MPORTANT: If them 21 is marked		22d PHYSICIAN'S NAME	P. Carney M.D.	22e ADDRESS	IS Lane Ea		Maryland	

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Maryland D.S.A.

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Stephen P. Carney L.D. Lutchmans Dane Easton, Maryland

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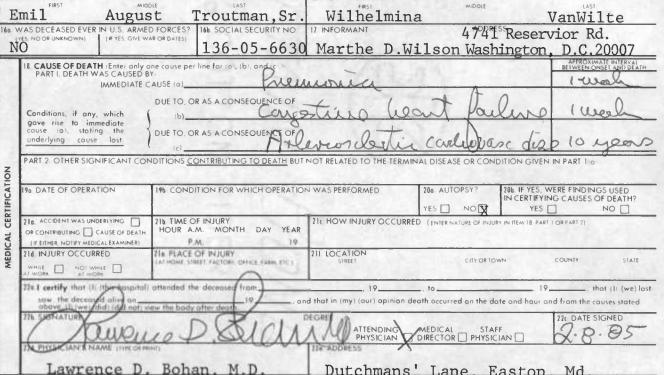
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FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG	IENE &	REG. NO.	06	2 4 1	
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3 SEX	4 RACE		5 DATE OF			6. AGE (IN	PEARS LAST BIRTHOAY)	IF UNDER 1 YE		
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New Jersey	USA		WIDOWED		ORCED	Tall	oot		M	AD.
10 CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OTHER INST	ITUTION		OCCUPATION		D OF BUSINESS O	R
Easton	WILL	AM Hi	44 /	MANO	R	Law		Lav		
USUAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CI		1134 STREET	ADDRESS / ZIP CI		21601	
Maryland TAL	BOT	EAST	TON	YES X	NO 🗌		E. Dutch		Lane,/	XXE
14 FATHER'S NAME	WIODIE	1.451		15 MOTHER'S	MAIDEN NA	WE	MIDOLE	1050	LAST	
Emil Aug		'routman	,Sr.	Will	nelmir	ıa	MiDOLE	Van	Vilte	
160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	ON YTIS	17 INFORMA	NT		4741 Res	servior	Rd.	
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	TE CAUSE (a)		well	war	a		^	1.	week	
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23¢ NAME OF CEMETERY OR CREMATORY

Dutchmans'

(VRA 15, 4)

BP.

DHMH - 16 60M 7/84

Newnam Funeral Home

cremation

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

11h DATE

ADDRESS Easton, Md

CITY OR TOWN Delmarva Crematory Lewes

Lane

23d LOCATION

Del

STATE

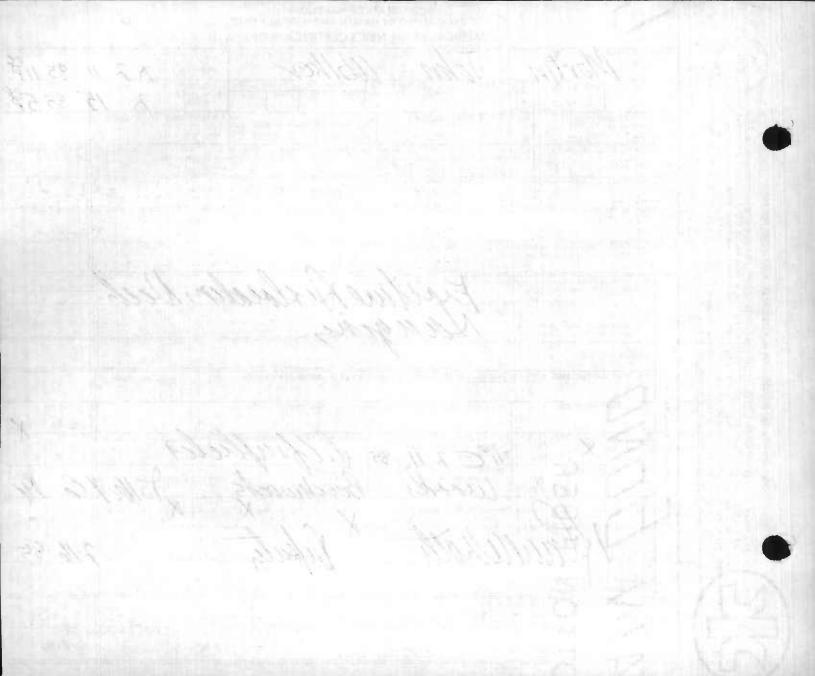
Sussex 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE NO. 1200 DE CONTROL DE CONTROL

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME IN DATE KNOWN IT (TYPE OR PRINT) OF ESTI-IF UNDER 24 HRS DATE (AST BRINDAY) ACSORS DAYS RONOUNCED DEAD caucasian 64 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | X WIDOWED [ DIVORCED Tripoli Libya Talbot IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17s. USUAL OCCUPATION (TIPE OF WORK FOR MOST OF WORKING LIFE) Easton Beechwood- Rt.3 Student SHAL RESIDENCE OF IN NUMBER HOME OF OTHER HISTORIES IN ONE BEDIEVE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Rt. 3 Box 159C/Easton .Md Talbot Easton Maryland 15. MOTHER'S MAIDEN NAME MEDIDLE LASE Walker Abbnett Brenda ADDRESS Ide. WAS DECEASED EVER IN U.S. ARMED FORCES? LART HO OR MAKHOWH) Fimis O. Walker APPROXIMATE INTERVAL BETWEEN ONSET AND SEATH CAUSE OF DEATH (Enter only one couse per lie TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL INTERNIE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUTER, PAGE 35 SHOULD BE USED AS A BURRAL. TRANSIT PROMITE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL INGENIE DEPARTMENT OF THE DEPARTMENT OF TH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a) stating the under-A CONSEQUENC lying couse last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 710. EXTERNAL CAUSE WAS 216 TIME OF INJURY HOURA.M. MONTH UNDERLYING CONTRIBUTING TCAUSE OF DEATH 21d INJURY OCCURRED CITY OR TOWN AT WORK AT WORK Inquiry 2 of the remains described above, held an Inspection A and in my opinion MEDICAL EXAMINER EXAMINER'S NAME R. Lane Wroth St. Michaels, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Buria1 2-19-85 Spring Hill Cemetery Easton Talbot Md. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Newnam Funeral Home Easton, Md. (VR A15 ME (5)) 20M 4/82



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1		REGISTRAR				CERTIT	CAILOI	PERIII	REG. N	10.		
		EASED NAME	FIRST	M	DDLE	t	LST .		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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ŀ	3. SEX			4 RACE	11.7	5. DATE O	E RIDTH		6 AGE (IN YEARS LAST BI	RIHDAY	UNE R I YEAR	IE UNDER 24 M
П	J. JEA	male	77%	white		MONTH	DAY	YEAR			NIHS DATS	
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	, -	210. ACCIDENT WAS UND	-			AY YEAR	ZIC HOW	INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	1 I ORPART 2)	
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		obove H (we)	dive on	1) view the body o	ofter death.	, an	d that in (m	opinion (mar)	death occurred on the c	late and hour o	nd from the	e couses stated
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Ī	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF CI	METERY OF	CREMATORY	23d LOCATION		COUNTS	(7.15
I	23a B	SPECIFY)	REMOVAL						CITY OR TOWN	n Hill	Dor	STATE Md
	(	URIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR	REMOVAL	236. DATE 2/6/8				hurchy	23d LOCATION CITY OF TOWN  AT Golde  E REC'D. BY REGISTRAI			. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

Thomas Funeral Home

ADDRECambridge, Md.

Davidson-Randelle

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